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It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed chiefly of the substance called GRAPE SUGAR or MALTINE, which, as is well known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery, sugar-house syrup, "strained honey," native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and cane sugar.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

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ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, OCT., 1879. NO. 7.

Original Communications.

ON THE TREATMENT OF CHOREA WITH HYPODERMIC INJECTIONS OF ARSENIC.

BY WILLIAM A. HAMMOND, M. D.,
Surgeon-General U. S. Army (retired). Professor of Diseases of the Mind and Nervous System in the University of New York, etc.

The science of therapeutics is that in which the busy practitioner finds more enjoyment than in any other branch of medical science, for it is the one of all others that he can make more immediately useful to himself and his patients. Doubtless if morbid anatomy and pathology were completed sciences they would constitute the basis of therapeutics, but as they are very far from being even tolerably developed we are obliged, in the vast majority of instances, to look to pure empiricism for advance towards that goal which is after all the end and aim of medicine—the knowledge of how to cure the sick.

The present contribution makes no pretension to anything beyond that of relating to a practical point of some value. It has not even claims to originality, for the method in question was recommended by Radcliffe* over ten years ago. In reference to the matter he says:

"I have often used arsenic in the treatment of chorea and I have great faith in its efficacy as a medicine in the malady. At the same time I have often abandoned its use in consequence of the gastric disturbance which, do what one will to prevent it, was sometimes set up by it. It seemed, indeed, as if in these cases the stomach could not tolerate the medicine in doses large enough to produce a sufficiently rapid action in the cure of the disease. It did not follow, however, that this intolerance of the stomach was a sufficient reason for abandoning the arsenic in these cases, for the stomach is not the only channel by which this medicine could have been introduced into the system. Failing through the stomach, indeed, the hypodermic or endermic method might have been tried, and that, too, I have now reason to believe, with many chances of advantage to the patient."

Dr. Radcliffe then gives the details of a hospital case of chorea in which the hypodermic injection of Fowler's solution was entirely effective in curing a choreic affection which had lasted over nine years, and of another in which choreiform movements existing for ten years it was sufficient to produce permanent amelioration.

In this country hypodermic injections of arsenic in the treatment of chorea appear to have been first used by Dr. J. Lewis Smith,* but since that time the measure does not seem to have attracted any attention.

For the last ten years I have, in obstinate cases of chorea, employed hypodermic injections of Fowler's solution with marked success. In recent or slight cases they do not appear to be necessary, these yielding readily to the use of arsenic by the stomach or very often getting well of themselves, but in instances of long standing which are generally classed as incurables, I am quite sure that we have in the means referred to

* Article *Chorea*, in Reynolds' System of Medicine, London, 1868, p. 133.

* Medical Record.

a valuable therapeutic measure which ought not to be disregarded.

In administering arsenic by this method, a few points of manipulation are to be considered, for there is a decided tendency to the causation of cellulitis and consequent abscess, and also of painful cutaneous inflammation.

A point for the injection should be chosen in some part of the body where the skin is loosely attached to the subjacent tissues. The skin near the insertion of the deltoid is not a suitable place for the hypodermic injection of arsenic, however well adapted for injections of other substances. I very soon found out that when inserted there, erythema, or abscess, or both, were the invariable sequences. Moreover, the mere act of injecting arsenic in those situations where the skin is tight and the tissues dense is accompanied with very considerable pain.

The best point is on the front of the forearm about midway between the wrist and the bend of the elbow. Here the skin is loose and can be easily lifted up by the thumb and finger from the tissues below. In the next place the arsenic should be deposited just under the skin in the cellular tissues and not in the substance of the skin or muscles. Neglect of this point will almost invariably lead to the formation of abscess. The point of the syringe should therefore be just carried through the skin and then for about half an inch parallel to the face of the arm. The injection should then be made slowly, and it is well to lift up the skin over the place where the injection has been made so as further to facilitate its absorption.

And, lastly, it will not do to inject the undiluted Fowler's solution, for if this provision be not followed, cellulitis, erythema and intense pain will certainly be produced. The dose which it is deemed proper to inject should be diluted with at least an equal quantity of water, or, preferably, of glycerine. The latter substance seems to be more readily absorbed and to produce less irritation than water. All these precautions are for the purpose of preventing local troubles. There is certainly a strong disposition on the part of arsenic to produce them. If, however, attention be paid to the rules I have laid down, there will rarely if ever be any local disturbance.

The dose of arsenic administered by hypodermic injection may be very considerably larger than that which the stomach will ordinarily tolerate, and it is just here that the superior advantages of the method are most clearly shown. It is in chronic cases of chorea and certain choreiform affections that large doses of arsenic are especially required, and the effect of such doses in curing the disease is not only generally prompt, but is unassociated with any toxic phenomena. I have frequently given as high as thirty-five drops of Fowler's solution by hypodermic injection, as an initial dose. It is very certain that the stomach would not tolerate this quantity. Again, I have often carried the amount taken by the stomach to the utmost bounds of prudence —till the eyes were puffed and vomiting was almost incessant, and then have continued the arsenic in larger doses by hypodermic injection with the result of the cessation of all gastric symptoms and the rapid cure of the disorder.

With these introductory remarks I pass to the description of two or three cases in which the beneficial effects of the arsenic administered hypodermically were unquestionable:

Case I.—Mrs. A. C., of Jersey City, consulted me, May 11, 1879, for a spasmodic affection of the muscles of the neck attended with great pain. On examination I found that the left sterno-cleido-mastoid was the subject of clonic spasm, and that the left trapezius was also similarly involved. As a consequence the head was, every few seconds, jerked round towards the right shoulder, at the same time being drawn backwards. It was possible, by a strong effort of the will, to arrest these movements for a half a minute, and at times, when alone and undisturbed, they

were less strong and frequent. During sleep they entirely ceased. The affection had came on suddenly some five years previously, apparently as the result of exposure to cold. No therapeutic measures (among which had been electricity, water-cure and braces of various kinds) had produced the slightest beneficial effect.

In the beginning I administered Fowler's solution in doses of eight drops three times a day, increasing the doses a drop every day. When sixteen drops were reached the skin around the eyes became puffed and each dose excited nausea and vomiting. Up to this time there had been a very slight degree of improvement, but I found it was impossible to carry the arsehic far enough when administered by the stomach to get the full effect of the drug, I therefore, on the 20th, administered hypodermically, one injection of twenty-five drops diluted with a like quantity of glycerine. On the 21st she received thirty drops, and now there were decided evidences of improvement—the pain was greatly mitigated and the spasmodic movements were less extensive and less frequ nt. On the 21st thirty-two drops were given, and on the 22d thirty-five. The amelioration was now still more strongly marked, and by continuing the doses of thirty-five drops till the 25th, the pain and the movements were caused to cease entirely. The medicine was now stopped and the patient has remained to this day free from any spasm. There is still (Oct. 6th) a slight tendency for the head to turn to the right, but this is being gradually overcome and the power over the formerly affected muscles is complete.

Case II.—Miss H., aged twelve, a young lady from Texas, was brought to me by her mother in the autumn of 1878 to be treated for chorea, with which she had been affected for several months. The muscles chiefly affected were those of the face, both shoulders and both upper extremities, but at times there was a curious protrusion of the abdomen from the spasmodic action of the erector spinæ muscle.

I at once began the treatment with arsenic and the application of pulverized ether to the spine, the former in doses of five drops of Fowler's solution three times a day, increased a drop every alternate day, and the latter once daily. By the time ten drops of the arsenical solution was reached (which was in ten days) there was decided improvement. The eyes were slightly puffed, but the stomach bore the remedy exceedingly well. I continued the medicine up to fourteen drops without exciting gastric disturbance, and then, as the choreic movements had ceased, I refrained from further increase, but kept on with the doses of fourteen drops for three or four days longer. She then went home cured.

But in May, 1879, she returned to me, with all the choreic symptoms as bad as ever, and her mother informed me they had made their appearance a couple of weeks before without apparent cause. I again tried the arsenical treatment with ether to the spine which had been so beneficial the year before, but it was now apparent that from some cause or other the stomach had become intolerant of the drug, for I found it impossible to administer with safety more than eight drops, and this quantity had no benificial influence over the disease, I therefore determined to use the hypodermic injections. Twelve drops were the initial dose, the next day thirteen were given, the next fourteen, and the next fifteen. There were no choreic movements after this dose was attained. It was given daily for a week, and then the patient was discharged cured. In all this time there had been no toxic symptoms beyond slight puffiing of the face.

Case III.—I. H., a boy eight years of age, was brought to me, July 10, 1879, affected with general chorea. The case was a chronic one, having lasted about a year, and had been treated by his physician with a single drop of Fowler's solution administered once every alternate day, and with sulphate of zinc in about as efficacious doses. I began the treatment in this case with hypodermic injections of five drops of Fowler's solution given daily, and every alternate day increased a drop. In ten days thereafter the patient was taking ten drops daily. As by this time great amelioration had ensued, I did not carry the increase farther, but with the view of preventing a relapse, the doses were continued for several days. On the 28th all treatment was suspended, the patient being entirely free from choreiform movements.

In cases of acute chorea a large number of which I have treated with hypodermic injections of arsenic, smaller doses may be given than when administered by the stomach, and they do not require to be so frequently repeated. Thus it often suffices,

for the speedy cure of the disease, to give four drops of Fowler's solution hypodermically every alternate day for a week or ten days, and then to increase the dose to five drops for a like period. I have compared the duration of acute chorea as treated by the gastric and hypodermic administration of arsenic, and have ascertained that the period is shortened one-half by the latter method. While admitting that the tendency in such cases is, with hygienic measures, towards a cure, the beneficial effects of the arsenic are none the less evident. I have repeatedly seen the most marked improvement result from a single injection.

NOTE.—Just as this paper is concluded I have had sent to me by my foreign bookseller, a monograph (Du traitement de la Chorée spécialment par l'arsenic et les injetiones de liqueur de Fowler par le Docteur H. Garin. Paris, 1879) in which great stress is laid on the use of hypodermic injections of arsenic in chorea, and in which the beneficial effects of the procedure are well pointed out.

NEW YORK, 43 West 54th street.

Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FŒTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878–79, *and* 1879–80.

BY EDWARD C. SPITZKA, M. D.,

Professor of Comp. Anatomy and Embryology, Columbia Veterinary College; Vice-President of the N. Y. Neurological Society; Curator and Pathologist to N. Y. Medico-Legal Society; Physician to Dept. of Nervous Diseases, N.E. Dispensary; W. and S. Tuke Prize Essayist; Hammond Prize Essayist. Etc.

LECTURE I.

There is no branch of morphology which is so much neglected in our medical schools as embryology. This neglect is in striking contrast with the attention which this subject has received abroad; there special professorships, entire lecture courses and well furnished laboratories are devoted to this interesting and important science, and with reason, for look where we will, there is hardly a single theoretical branch in Medicine which is not more or less founded on, and, therefore, presupposes a knowledge of embryology. Physiology, Histology, Systemic Anatomy and Obstetrics all seem to claim it as a legitimate division of their proper field, and lecturers on these branches find themselves forced to introduce a few embryological facts, however cursorily!

In such lectures as our anatomical, physiological and obstetrical teachers give in this field, it is almost universally taught that the mammalian ovum is a cell, that the germinal vesicle is the essential vital agent of that cell, and that as soon as impregnation occurs the vitellus undergoes cleavage into two *equal* hemispheres which in their turn subdivide and re-subdivide until the well-known mulberry stage results. Further, in tracing out the metamorphoses of the germinative area, an *area opaqua* and *area pellucida* are differentiated, and the nervous system is traced from the primitive groove. The reader need but refer to certain well-known text-books, to find one or all of these facts stated as represented.

Now all such statements are *fundamentally* wrong, and that not only teachers convey, but acknowledged text-books contain such crude and erroneous notions, may serve as a justification of the present lines, whose object is to present in a convenient form the advances made in this field during the last decade. That at the same time I also deal with many well-known and well-established facts will but prove acceptable to the student, whose sole object is to acquire an adequate conception of the outlines. It is also hoped that even the advanced reader will not find reference to these facts superfluous, in-as-much as such reference is necessary to the unity of the subject.

The human ovum as found in the ovary

is a very complex body, and is the product of a series of changes which began in the body of the mother when the latter was herself an embryo. Since a knowledge of the formation of the ovum in the embryonic ovary involves a preëxisting knowledge of the very changes which we have undertaken to describe in this series, we must defer the subject of *ovogenesis* to a later period.

If we examine a Graafian vesicle as it approaches maturity, we find that it is primarily an excavation in the solid tissue or *stroma* of the ovary. Since, as I shall develop in its proper place, the vesicle grew by eccentric pressure of a secreted fluid, it follows that the portion of the stroma which immediately surrounds the cavity of the vesicle becomes denser by pressure. It is this denser portion which is styled the *theca folliculi* or the proper sheath of the follicle (or vesicle).

The theca is richly supplied with blood vessels and an intricate plexus of nervous fibrils. On the inner side it is lined by a continuous series of epithelial cells, which in their entity pass under the title of a *membrana granulosa*, and at one point of the wall of the follicle this membrana granulosa presents a considerable thickening, here numbers of the same epithelial cells lie in a heap or cumulus, called the *cumulus granulosus* or *discus proligerus*, the former being the proper name, since the accumulation resembles a heap, and in no way simulates a disc.

Now all the remainder of the cavity, contained within the described epithelial lining of the follicle, is filled by a clear fluid closely resembling blood serum in composition and which is known as the *Liquor folliculi*.

When De Graaf discovered the follicle or vesicle now bearing his name, he thought that he had the actual egg of the human being before him. But the French investigators, Prevost and Dumas, correctly inferred from the fact that in pregnant women the follicular sheath was still to be found in the ovary (but in a collapsed condition), that the *whole* follicle did not correspond to the egg. They further inferred that the real vital element was contained in the liquor folliculi since this escaped from the collapsed sac with impregnation. If Prevost and Dumas had said that the germinal agent was in the contents of the follicle and escaped with the liquor and not the liquor folliculi itself, they would have been correct; but although they confounded a collateral phenomenon (the escape of the liquor) with the essential fact (the escape of the *ovum* with the liquor) yet their researches resulting in excluding the participation of the follicular sheath, were in so far a step to the real solution of the problem.

In the year 1827, Carl Ernst von Baer discovered that, in the *cumulus granulosus*, was enclosed a spherical body of the same essential structure as the eggs of lower animals. He had discovered herein the human and mammalian *ovum*, and from his discovery, which proved that in all important features man and the higher animals developed like birds, reptiles, fish and lower animals *from eggs*, dates the science of embryology.

The human ovum as contained in a maturing Graafian follicle, and situated in the cumulus granulosus (its *nutritive depot*), is composed of an outer membrane, a yolk enclosed in that membrane, and a smaller vesicular body within this yolk. Some writers have herein perceived an analogy to a histological cell, and compared the membrane to a cell wall, the vitellus to the cell contents (protoplasm) and the vesicular body to a nucleus. But although we can consider an analogy as likely, yet in so many points does the ovum differ from the typical histological cell, that the best authorities have come to consider it as as a complex *organism*, and not as a simple cell. The outer membrane especially presents such a complex structure that any comparison of it to a cell membrane is fallacious!

This outer membrane is highly elastic

and, hence, by its resistance to pressure from without is well able to protect its delicate contents. It is transparent and hence termed the *zona pellucida* corresponding to the egg capsules of the eggs of bony fishes.*

This *zona* is perforated by myriads of minute pores which run in channels excavated perpendicular to the surface, so that when a section of the zona is made it appears finely striated. These pores have for their object the admission of spermatozoa, although not one of them is as large as the head of a spermatozön. In lower animals, a special canal the *micropyle*, of much larger calibre than the pores mentioned is found, but although various observers claim to have seen such a micropyle in mammalian ova, the most careful investigators, such as Hensen and van Beneden, have failed to find it. The writer has seen spermatozoa penetrate through the zona of rabbits' eggs, although no micropyle was discoverable. It is therefore to be assumed that the smaller pores suffice for the transmission of the spermatozoa.

The yolk, or *vitellus*, fills the entire space within the zona. It presents, optically: first, a finely granular protoplasm; second, dark coarser granules; third, round refractive bodies. All of these can be readily supposed to have a different protoplasmic and inferentially a different chemical combination. Some ground is lent to this supposition by the intricate chemical character found by Miescher and Hoppe-Seyler in the yolk of lower animals, this latter being composed of lecithin (whose full and formidable chemical title is the Distearyl-glycerin-phosphate of the trimethyl-oxyaedul-ammonium-hydrate) vitellin, lutein, and certain fats. Whatever our supposition, this much is clear, that the vitellus has a high protoplasmic structure, and is rich in the materials required in the building up of the embryo.

The round clear body contained within the vitellus, is always situated eccentrically, it is termed the *germinal vesicle.* But as this title would, perchance, mislead the student into believing that this body must have some important function in relation to the germ-metamorphosis, we discard this as a misnomer, and adopt the name derived from its discoverer, the *Purkinjean vesicle.* It consists of a delicate membrane, in which a clear fluid, with a reticular protoplasm (nucleoplasm, van Beneden) is contained with several granules of a roundish shape; the largest of these has been termed the germinal spot, the smaller are known as the accessory germinal spots. *Nucleolus* and *accessory nucleoli* seem to be fitter names; their importance has been greatly overrated.

The ovum, composed of zona, vitellus and vesicle, now becomes completely matured, its protoplasm shows *amœboid contractility*, and this contraction of the vitellus gradually forces the Purkinjean vesicle to the surface, it finally becomes ruptured by pressure and the membrane of the vesicle collapses and is thrown out of the vitellus to lie between it and the zona. The contents of the vesicle become assimilated by the vitellus, and now the *fully mature egg contains no germinal or Purkinjean vesicle.*

The ovum, we hence perceive, passes through the preparatory stages of development before the occurrence of impregnation and while still in the ovary.

The observance of these phenomena leads to the inevitable conclusion, that the ovum, to a certain extent, possesses the potentiality of development independent of fructification by the male element. Dermoid cysts of the ovary in undoubted virgins, containing bones recognizable as abortive maxillaries, teeth, hair and skin are in great probability, nay, certainly due to a virgin development of the unfructified ovum. In bees, some butterflies, ants and wasps such

* There is no homologue of the zona in the chick's egg, *vice-versa* the albumen, egg-shell and shell-membrane have no homologue in the human ovum. Such homologies have however been attempted by those who delight in crude comparisons.

virgin development, known as *Parthenogenesis*, results in the formation of (aside from sex) perfect animals. Hensen isolated the oviducts of a rabbit, so that admission of semen was rendered impossible, while the ova discharged at heat were forced to remain in the oviduct. On killing the animal three years after he found the ova developed into peculiarly twisted, club-shaped sacs. Oellacher found segmentation to occur in unfertilized chickens' eggs, Burnett and Agassiz saw the same in fishes' eggs. Moquin-Tanden witnessed it in frogs' eggs, which reached the mulberry stage, and the writer saw an imperfect blastoderm form in unfertilized ova of the toad-fish (Batrachus tau).

While the parthenogetic process is always abortive in vertebrates and, as Washington Irving remarks, the ingenious maiden who at the present day would attempt to explain conception on any other grounds than a collision of the male and female elements, would find it hard to overcome the prejudices of science (and a popular experience of no slight weight in this instance), yet in the arthropoda, as in the case of the insects cited, it must be considered as a normal occurrence.

One of the most remarkable examples of parthenogenesis is offered by the *Artemis salina*, a little crustacean residing in saline springs and the water near salt mines. According to von Siebold this animal propagates its kind for several generations without a male being present, males being formed only at intervals of several years. The interesting observations of Weigenbergh on the silk moth have shown that parthenogenesis would not succeed in propagating a species beyond three generations, the male element being necessary at stated intervals.

To return to the mammalian ovum (there being no observable differences between the human ovum and that of other mammals), we find that the protoplasm of its vitellus shows a new arrangement. The finer and lighter protoplasm forms an outer zone, while the darker and coarser forms a central one. At the point where the germ vesicle was destroyed and gave up its contents to the vitellus, the light cortical zone is thicker and lens-shaped, encroaching on the dark central zone.

Whatever the signification of this differentiation it has not yet been interpreted, and as soon as the membrane of the germ-vesicle has been expelled the light and dark protoplasms lose their demarcation. With the escape of the germ-vesicle's membrane, the vitellus which previously filled the entire space comprised within the zona pellucida contracts and now no longer fills that space, a vacant slit remains between vitellus and zona which is filled by the fluid which is pressed out of the vitellus by its own contraction. This is *perivitelline fluid*.

This stage in which the Purkinjean vesicle has disappeared * and the vitellus has contracted and is separated, as it were, from the zona pellucida by the perivitelline fluid is called the MONERULA STAGE.

The ripe unimpregnated ovum, whether at the close of its ovarian residence, or during its entrance into the Fallopian tube is therefore in the first or Monerula stage.

Now how does the ovum leave the ovary to reach the Fallopian tube? The reader is familiar with the current view which asserts that the ova escape by the rupture of the vesicle through periodical congestions of the ovary. This view is untenable for a moment! There are, as a rule, several vesicles maturing at about the same time, that is, vesicles distended almost to bursting by liquor folliculi, and so close to the surface, that they appear like watery beads, imbedded in the ovarian cortex. Now if a congestion or contraction of the ovary were to occur, all of these vesicles would rupture simultaneously, and however willing we

* With this fact, the theories of Balbiani and van Bambeke regarding impregnation as the result of a fusion of the male element with the Purkinjean vesicle as a "maternal nucleus" fall to the ground.

might be to admit that a small proportion of the ova, only, would be impregnated, yet under this view multiple pregnancies would be the rule. No! the real determining factor is the development of the follicle itself. After the ovum has reached maturity, the bloodvessels of the theca continue secreting liquor folliculi, the stroma of the ovary, facing the free surface, becomes extremely attenuated, and as the continuing secretion finally overstrains the distended sac, it ruptures. The liquor folliculi escapes with a gush, sweeping the ovum, and the adhering parts of the cumulus granulosus, out on the free surface of the ovary, and the anatomical construction of the parts favoring its transit, it enters the oviduct or Fallopian tube.

That an engorgment of the ovary may favor the rupture of a vesicle we will not deny, but we insist that the rupture *must* take place, congestion or no congestion, its ultimate cause lying in the progressive distension of the follicle from within.

The arrival of the ovum in the Fallopian tube and its fructification open a new period in the development of the human being.

NEW YORK, 130 East 50th street.

Clinical Reports.

LIME-WATER AS A SOLVENT OF BLOOD-CLOTS IN THE BLADDER.

BY WILLIAM A. BYRD, M. D.

Lime-water as a solvent of false membrane formed in the air passages has been used sufficiently long not to be a great novelty. Yet a great many most excellent physicians have not given the matter the attention that its importance deserves.

In a communication to this journal for August, 1879, upon the galvano-cautery as an agent in tracheotomy and lime-water as a solvent of croupous membrane I detailed an experiment made by Dr. Edward B. Montgomery and myself with lime-water as a solvent of croupous membrane. A reprint of this article I sent to various professional friends. In the response from Dr. J. H Ledlie, of Pittsfield, he reports a case where the use of the lime-water was, to me, unique, and of so much importance do I consider his results that I am sure he will pardon me for publishing his private letter as follows:

"PITTSFIELD, ILLINOIS,
Sept. 19, 1879.

Wm. A. Byrd, M. D., Quincy, Ill.:

DEAR DOCTOR:—Accept my thanks for your paper on 'Tracheotomy,' received a few days ago. I think it has been of great benefit to a patient of mine, and it certainly was a comfort to me.

I have a patient, a man, who for two years has suffered greatly from hæmaturia. The blood comes from the kidneys. At times the hemorrhage is very profuse, and clots in the bladder. Heretofore I have always succeeded in washing it out with a double current catheter. Last Saturday I was called to see him. He had lost a great quantity of blood, and was suffering very much from vesical tenesmus. I passed my catheter and injected a stream of water. All at once the stream returning would stop. By withdrawing the instrument I could start it again, but he insisted there was a foreign body there. I must say, that the previous day he had experienced excruciating pain along the course of the ureter. I suspected stone and sounded him, but could not discover one, still my instrument touched something. I repeated the washing out of the bladder until the water returned colorless. I then made up my mind that there was a clot, with the coloring matter washed out, and recollecting your account of dissolving the false membrane with lime-water, I threw in one half pint of lime-water allowing it to remain half an hour. When it passed off it resembled what you describe as the appearance of the false membrane after lying in lime-water. He also passed a large piece of fibrin which had evidently been acted on by the lime-water, although not sufficiently so to dissolve it entirely. Had it not passed away, I am convinced another injection would have dissolved it entirely. He is now quite comfortable, all

sense of a foreign body in the bladder having passed away.

Yours very sincerely,

J. H. LEDLIE."

I hope others may try Dr. Ledlie's mode of treatment in such cases and report the result.

QUINCY, ILL., Sept. 22, 1879.

CASE OF INTESTINAL OBSTRUCTION.

BY WM. B. HAZARD, M. D.

On the morning of July 27th, of the present year I was called to see Mr. M. English, aged fifty-one years, who was suffering violent paroxysmal pains in the abdomen. He had always enjoyed good health, was rather corpulent, and although a *bon vivant*, had never been addicted to the use of alcoholic drinks.

He had had a free evacuation of the bowels after a hearty breakfast, on the morning in question, and had ridden upon a dray, to which he was not accustomed, about two miles, when he was suddenly taken with the almost intolerable pains referred to. He had already taken half a grain of morphine when I first saw him, but without effect. There was some nausea with eructations of sour tasting gases from the stomach. Believing it to be a case of acute indigestion, he was ordered a dose of castor oil with tincture of opium. After the lapse of an hour, there was no relief from the pain, while the pupils were decidedly contracted. He was perspiring freely and the pulse was small and slow. Deeming it unsafe to push the opium farther, he was given fifteen minims of chloroform in emulsion with yolk of an egg; this was repeated in half an hour with the effect of alleviating the pain and inducing sleep.

The abdomen had been covered with large poultices sprinkled with oil of turpentine, and now an enema of castor oil and assafœtida was administered. No stool was induced, the injection being returned unchanged in appearance.

There being urgent desire to evacuate the bowels, the injection was repeated on several occasions, being very large, introduced high up, while the patient's head and shoulders were placed low in order to have the aid of gravity in retaining them. Still no fæces were obtained, and the patient's condition appeared rather alarming—his surface being cold and clammy and his strength greatly reduced.

In the evening it was learned for the first time that he had eaten a large quantity of toasted cheese for his supper the previous night. My diagnosis was now corrected. I concluded that the undigested mass had become impacted in some portion of the large intestine, probably the ascending colon, and that the muscular coat of the intestine had become partially paralyzed from distention by gases generated behind the obstruction. He had vomited the oil first given, and the vomiting had been repeated on several occasions.

Small doses of castor oil in emulsion were ordered to be taken at short intervals, along with shaved ice to control the gastric irritability, and five *parvules* (1-20 gr. each, Warner's) of belladonna leaf, every two hours.

Shortly after the second dose of belladonna he had a small evacuation of hardened fæces, and before morning a large quantity of the same character of materials was expelled, giving him perfect relief. He completely recovered in a few days, care being taken to allow only the most bland and unirritating articles of diet, and each meal followed with fifteen grains of lactopeptine. The bowels were sluggish for several days, but recovered their tone under minute doses of podophyllin.

It is possible that electrization of the abdomen, as recommended by certain writers (see translations in this number), would have been more speedily successful in relieving my patient; it is also reasona-

bly certain that belladonna would have saved him much needless suffering if it had been given earlier.

No. 5 High street, St. Louis.

DISPENSARY OF THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

Surgical Clinic of Prof. L. Bauer, M. D.

COMPLETE ATRESIA OF THE VAGINA.

The patient came to the dispensary on Sept. 3, of the present year. She is thirty-eight years of age, and of good constitution. About a year ago she was delivered of a dead child; was attended by a midwife and, apparently, had no trouble. Nevertheless, a complete atresia of the vagina followed, from which she has suffered severely for the past nine months. At each menstrual period she has been subject to violent pains in the hypogastric region and back, frequent and painful micturition, with distension of, and tenderness over, the entire abdomen. The general disturbance was so great that she was obliged to keep her bed for several days at each period. After six or eight days, these symptoms would subside and she would be comparatively comfortable until the next menstrual period; the symptoms becoming more violent on each repetition.

Digital examination per vaginam and rectum revealed a large, circumscribed, fluctuating distension of the upper part of the vaginal canal which lifted the uterus so far as to be out of reach of the finger. On the introduction of Sims' speculum, a cicatricial diaphragm was found situated about four and one-half inches from the *ostium vaginae*, completely occluding that canal. Through this partition the fluctuation of a fluid could readily be detected, but the extent of the accumulation was not fully ascertainable.

The diagnosis of complete atresia of the vagina with accumulation of menstrual fluid in the upper third of that tube and (probably) in the distended uterus (hæmatrometra) could not be avoided.

The insertion of a trocar through the partition permitting the escape of a large quantity of a dark, tarry liquid verified the diagnosis. This discharge was kept up for several days without interruption. Occasionally, painful contractions of the womb occurred, simulating labor-pains, rendering it very certain that that organ had participated in the distension, and served as a reservoir for the retained fluid.

The next step in the treatment was the making of a crucial incision of the diaphragm described and removal of the flaps thus formed. This was followed by copious bleeding which was arrested with much difficulty by my able friend and colleague, Dr. Larew. Since that time the vaginal passage has been kept open by various means: large sponge tents, cylinders of glass and wax, etc. There has been a strong tendency to renewed contraction of the cicatricial tissue, hence persistent attention and treatment will be necessaay to prevent relapse.

We have not been able to trace the atresia to its proximate cause. The patient had been well until her last labor, and this had taken place without accident. It is not likely that a superficial rupture of the vagina occurred at that time, nor that if it did occur that it could have given rise to this cicatricial contraction.

The patient was sent to the clinic by Dr. Rothstein, of Waterloo, Ill., near which place she lived. She was, therefore, far removed from the "social evil," and besides presented no evidences of gonorrhœa or syphilis. The presumption is a fair one that there was excoriation about the neck of the womb (following laceration of the cervix during labor?) followed by superficial excoriation of the vaginal surfaces aggravated by lack of attention to cleanliness, the outcome of which was thus disastrous. Another point attracts attention: the comparative freedom from pain in the

inter-menstrual intervals. This may be explained by the absorption of the watery portions of the menstrual fluid soon after each new addition was made to the contents of the reservoir, by this the quantity was diminished, while it assumed the tarry consistence it presented when evacuated.

HIP-JOINT DISEASE IN CONVALESCENCE.

This little girl, aged nine years, has been under my charge for the last two years. Most of that time she has enjoyed excellent health, good rest and appetite, regularity of the vital functions, and nutrition being satisfactory, she has grown proportionately to her years.

When she came under my charge her condition was diametrically opposed to this described. I found her in the third stage of morbus coxarius, with pelvis tilted and rotated, adduction, flexion and shortening of the affected extremity, and inversion of the toes of the limb. There was then, as there is now, a circumscribed abscess in the gluteal region; she experienced all the progressive sufferings of hip-disease. The adductor and flexor muscles of the thigh were so firmly contracted as not to relax when she was under complete chloroform anæsthesia. There was crepitus in the joint, but no perforation of the acetabulum. Considerable infiltration and abnormal firmness of the tissues about the joint were to be noticed.

The contracted muscles were divided (subcutaneously), the limb was brought into a position rectangular to the pelvis, the abscess was opened, and the articulation immobilized with a plaster-of-Paris bandage. From that moment all her symptoms were alleviated, and improvement has been continually manifested. The bandage had to be removed; then my hip apparatus was applied and open-air exercise on crutches was allowed.

Finding that this apparatus did not fully meet all the exigencies of the case, Owen Thomas' splint was applied, which has acted like a charm. Ever since this application she has done remarkably well, and has steadily improved both in her looks and ability to walk.

This child is exhibited to the class for the purpose of showing the beneficent effects of modern treatment of these cases, to demonstrate that all these results have been brought about by *local* treatment exclusively, that all the symptoms which in the beginning might have been ascribed to *struma* have been obliterated, and, finally, in order to evacuate the contents of the abscess which has remained without changing in size or character for the last eighteen months.

This abscess was originally formed by suppuration in the joint and perforation of the posterior portion of the capsular ligament. But the facts that it has undergone no change and its contents have thickened and given no further trouble, seem to warrant the inference that the opening in the capsule has closed and all anatomical connection with the joint has ceased.

On opening the abscess it is noticed that the matter it contains is semi-fluid, of a bland character, free from structural detritus, presents no odor, and has obviously commenced cascating. If this process were allowed to go on, it might shortly present the characters and be mistaken for a tubercular mass.

Twenty-five years ago, the recovery of a case of advanced hip-joint disease, with such insignificent changes in the form and usefulness of the extremity, might have been heralded far and wide as a miracle due to the intervention of some beneficent saint!

Translations.

(Translated for the Clinical Record.)

INTESTINAL OBSTRUCTION RELIEVED BY ELECTRICITY.—(*Union Méd. et Scientif. du Nord-Est*, Aug. 31, 1879) M. Malet, intern of the Hôtel-Dieu of Rheims, read an interesting report of a case of this description,

to the medical society of that city, on March 19th, last, which we condense:

The patient, a laborer aged sixty years, had always enjoyed good health until the first of March, when he fell upon a heap of stones, receiving several slight contusions on the right side. In the evening he went home and was obliged to go to bed, and was soon taken with violent colic, which prevented him from taking the least nourishment. During the night he began to vomit, at first food, then bile, finally stercoral matters; he had no stool. Next day, March 2, he took a dose of castor oil, which was rejected as soon as taken. The following days vomiting continued, he could not take the least food, and even water was vomited as soon as taken. On March 5 he entered the hospital

Condition on admission to hospital: Considerable tympanites, tension of the abdominal walls through which the intestinal folds could be felt distinctly. The belly is not tender at any point. The patient has two hernias, complete on the right, with the inguinal ring enlarged so as to admit three fingers, on the left side a very small hernia. Castor oil was ordered to be taken in repeated doses. In the evening the patient was worse, had vomited the oil, and the stercoraceous vomiting persisted. He seemed to be in a state of profound collapse. Rectal injections of various kinds were tried without effect.

The next day, March 6, recourse was had to electricity—the first application of twenty minutes duration was made at noon, one pole was placed in the anus while the other was moved over the abdomen. No effect being obtained it was repeated at 5 o'clock P. M. At 9 P. M., the patient had a considerable stool; he had a better night, the vomiting having ceased. Next day, March 7, he had two electrizations and in the afternoon he had a considerable clearing out, the belly is supple, pulse strong and quite rapid, skin warm and the patient is calm. His recovery progressed without interruption, and on the 10th of March he was well.

M. Canhet has published a similar case in the *Revue médicale de Toulouse*. This was a man, aged forty-five years, who was suddenly taken in the night, with severe colic of a paroxysmal character, but not accompanied with any effort at defecation or with the evacuation of either gaseous or fæcal matters. The usual methods for relieving such conditions: castor oil, hot baths, etc., produced no effect. He had hiccough, but no fever. On the third day, notwithstanding the employment of purgatives and enemata, nothing had been passed from the bowels. Vomiting of fœcal matters followed. On the evening of the sixth day electrization was employed, the induced current was used, the poles were applied as in the case first described. The applications were kept up ten minutes, the patient feeling no painful sensations or movements of the intestines. Some hours afterwards, in the middle of the night, he felt intestinal gurgling and slight pains, these were followed by the expulsion of fœted gas from the anus. The seventh day his condition was about the same, no relief. Electrization was again used for fifteen minutes. A silver sound was attached to the negative electrode and introduced into the anus, the positive pole being moved about over the surface of the abdomen. This second application was painful but not intolerable. No immediate result. Next day large quantities of gas were evacuated, his general condition improved, and at 5 P. M. a general clearing out took place, an enormous quantity of liquid, bilious matters was evacuated. Other evacuations occurred during the night, the last containing a little pure blood, probably from a hemorrhoidal tumor.

[It is possible that in both of these cases there was a paralysis of the muscular coat of the intestine and no real obstruction from torsion or invagination.]

Epididymitis.—(*Jour. de Méd. et de Chir. pratiques*, Sept. 1879). In a very complete work on epididymitis, which is well up with the present state of science and worthy of being carefully studied, Dr. Ledouble devotes a considerable portion to demonstrating by cases that the existence of inguinal hernia, varicocele or anomalies of the testicle, determines, in some way, the inflammation towards the testicle of that side when orchitis occurs in the course of an attack of gonorrhœa. Thus he reports fourteen cases of orchitis in subjects of inguinal hernia, in twelve of which it was situated on the side of the hernia. The same was true of varicocele; in nine cases in which varix of the cord had been observed before the epididymitis, it occurred eight times on the varicose side. It is remarkable how the two diseases react upon each other; the orchitis aggravates the varicocele, while atrophy of the testicle is more common in those cases coincident with varices. We should be forewarned of this aggravation of the prognosis, that the patient may be apprised of it at the time. According to Niemeyer, relapses of orchitis are more common in such cases.

It may be admitted that derangements of the circulation or of innervation of the testicles, which accompany varicocele and hernia, predispose these glands to inflammation. It may be said, more simply, that the testicle of this side having a lower degree of vitality is a *locus minoris resistentiæ*, more ready to localize morbid manifestations than its normal companion.

M. Ledouble adds that this will be readily understood, especially if it be admitted that the inflammation of the testicle is the result of reflex action emanating from urethral excitation, but he admits that extension of the inflammation also explains this predisposition.

Anomaly of form and of situation constitute evident predisposition to orchitis. It has been most often observed when the testicle has been arrested in the inguinal canal. These cases of inflammation of the partially strangulated testicle may be taken for peritonitis or intestinal strangulation; it is also true that peritonitis may follow as a sequel. We shall not here describe the symptoms of this accident, among which is to be particularly noted *pain* of the most severe character, even in cases which are not of any gravity. It is very necessary to be aware of these facts, for often the patient does not know that he is monorchid or cryptorchid, or he may conceal the fact. In all such cases, if the pain causes puncture of the tunica vaginalis to be performed, it should be done with great care for fear of implicating a knuckle of intestine. In these cases we often have to commence as if performing herniotomy.

Finally, and this is something new, inversion of the testicle, a common anatomical disposition, predisposes, evidently, to orchitis. Inversion of the testicle has lately been studied with care. It has been ascertained that the epididymis may be displaced: situated especially in front of, laterally above, or coiled around the testicle. In all these cases the abnormal testicle is attacked in preference to the normal gland. There is no difference in the gravity of the orchitis, but in the treatment account must be taken of the abnormal situation of the epididymis, for should puncture be made, an excellent treatment, there is risk of puncturing the testicle, and especially the epididymis. An indurated epididymis in an abnormal situation may lead to errors in diagnosis. Attention should all the more be given to what is called moveable inversion, in which the epididymis is displaced, in a manner, from one day to the next.

In conclusion, it is seen that when orchitis occurs in the course of a gonorrhœa, that it attacks the malformed organ by preference. Hence it is evident that these organs deserve so much greater care the less they conform to the normal type.

Treatment of Sciatica.—(*Revue médicale*, July 5, 1879). Dr. E. Besnier uses subcutaneous injections of chloroform and gives the following instructions therefor:

I can state that with a good needle, a good syringe and pure chloroform, there are no serious accidents to fear, if the precaution is taken to introduce the canulated needle at once at a single point, to plunge it through the skin, not simply into the skin, to take special care (and this is the principal danger) that the point of the needle be not introduced obliquely, to make sure that not a drop of blood escapes, and to adapt the charged syringe to suit the injection. The needle being oiled or coated with cerate, the skin is easily pierced without giving much pain, and the injection then being made gives only a slight sensation of smarting, which soon passes off even after the introduction of an entire syringeful of chloroform.

I persist in the belief that if accidents occur in these cases they are to be imputed rather to the physician than to the method. On the other hand, experience has shown me that chloroform may replace morphine with advantage, in patients who do not tolerate the latter or in those who are easily affected with morphinism. A certain number of cases of sciatica rebellious to morphine have readily yielded to this method. Some of them have been relieved only, while others have experienced no relief. Why? What are the precise indications for chloroform? At present I cannot say. But what I believe and here repeat is this: that we may inject chloroform into the subcutaneous cellular tissue and into the muscles without danger of either local or general bad consequences. But I do not pretend that chloroform can replace morphine in all cases.

Operative procedure for the treatment of sciatica: I make the first injection high up; the next day lower; the second day lower still. In some cases I even make two or three injections on the same day, using from three to four grams (45 to 60 minims) of chloroform. The dose may be gradually increased without danger. If, after three or four days, no result is obtained, I give it up and have recourse to other forms of treatment. * * * * * *

I have commenced, in my patients, with a few drops, then, not obtaining permanent alleviation, and seeing no accident supervene, I have gradually increased the doses. In rebellious cases this is my procedure: I inject an entire syringeful at the highest point, then a second at the level of the great trochanter, a third at the head of the fibula and a fourth about the malleolus. I have rarely been required to repeat this many times.

Reflex Amaurosis.—(*Ibid*). It is well known that surgical injuries of the orbital or frontal region frequently have a very decided influence upon vision and may lead to amaurosis more or less complete. These cases have been classed as reflex in character. This effect is ordinarily very soon in making its appearance; in the following case, however, the interval between the injury and the loss of sight was prolonged, so as to render this interpretation somewhat doubtful:

A man, in the service of M. Panas, ten years ago, received a sabre-cut in the forehead. This wound, the scar of which still remains, appears to have followed a regular course and the patient recovered without any particular accident. Two years ago, however, he experienced some vertigo and flashes of light before the eyes at rare intervals. For the past four months, from time to time, he has had transient blindness, and, finally, for the past six weeks this has become complete and permanent. On ophthalmological examination nothing abnormal is observed.

The eye itself is healthy, hence there can be no injury to it; and the blindness cannot arise from a cerebral lesion, for there are no accompanying phenomena having

this origin. This Von Graefe designated as retro-bulbar neuritis, thinking that it depended upon some lesion of the optic nerve situated behind the eye at a point where it would not be revealed by direct examination or by cerebral symptoms. It is useless to add that in this case we have sought for all possible causes of amaurosis without finding any. It should be noted that this man is a smoker, but not to excess, hence we may, perhaps, be right in attributing his condition to the injury received in the frontal region. M. Panas caused a seton to be introduced at the nape of the neck, and the patient was put upon the use of iodide of potassium.

PORRO'S OPERATION.—(*Jour. de Méd. et de Chir. pratiques*, Aug. and Sept., 1879). This consists of the Cæsarean section with removal of the uterus and ovaries at the same time. It was first successfully performed by Parro, of Pavia, in May, 1876, from whom it takes its name. Prof. Tarnier has recently performed it successfully at the Maternity Hospital, Paris. The child was dead, but the mother recovered. For a century past, there has not been a single recovery after the Cæsarean operation in the Paris hospitals. Prof. Tarnier used the antiseptic method in all its details, and attributes the good result in his case entirely to its use.

The principal advantages claimed for Porro's over the Cæsarean operation are the following:

The principal source of hemorrhage, the uterus, is removed.

The source of septic infection is removed.

This operation may be made before, as well as after labor has set in.

Conception is rendered out of the question in the future in deformed women.

Thus far, thirty-two operations of this sort have been recorded, with but fifteen recoveries.

The editor of the *Journal* is not in favor of substituting this for the Cæsarean operation except in exceptional cases. Should alarming hemorrhage set in in the course of the latter, he would remove the uterus and ovaries, as was done by Prof. Tarnier in this case. Where the operation is to be performed before labor has set in, then Porro's operation is to be made use of.

A PATIENT WHO HAD GONE DOWN.—(*Mouvement Médical*). A good doctor who had forgotten one of his patients on his rounds of the previous evening went to repair the omission. At the sight of certain black draperies that ornamented the door, he had a sort of presentiment that his patient had left him once for all. Somewhat vexed, he approached the porter: "Is ---?" "It is hardly worth your trouble to go up, Doctor," said the porter, "Monsieur has just gone down."

Proceedings of Societies.

AMERICAN GYNECOLOGICAL SOCIETY.

Fourth Annual Session, Sept. 17, 18 *and* 19, 1879.

FIRST DAY.—The Society met in the hall of the Johns Hopkins University, Baltimore, Md., Sept. 17, 1879, President Dr. T. Gaillard Thomas presiding. Addresses of welcome were made by Prof. Howard and Prof. Gilman.

A paper on intra-uterine medication, by Dr. J. P. White, and one on the use of iodized phenol for the same, by Dr. Robert Battey, were read. Dr. J. Marion Sims, in discussing these papers, said that he thought the use of the curette followed by the actual cautery a much shorter method of treating uterine catarrhs. He dilates the cervix, scrapes away the fungoid granulations, and applies the actual cautery to the freshened surface. Dr. I. E. Taylor was in favor of this treatment, although he

preferred the iron at a less degree of heat and rapidly applied.

Dr. Howard thought that the actual condition of the uterus was frequently not ascertained. Especial attention should be given to removing all flexions. He thought the use of strong acids or nitrate of silver very dangerous.

Dr. Fordyce Barker first dilates the cervix and then introduces cones of iodoform.

Dr. John Byrne thought that solutions of nitrate of silver or chloride of zinc very dangerous, and never, under any circumstances, to be applied within the womb.

Dr. Wm. Goodell effects all needful dilatation with one introduction of tents, using a small sponge surrounded by one or more laminaria tents. He has used phenol in combination with chloral hydrate. He thought there was often a fissure or tender cicatrix at the internal os, which produced the pain experienced by many women on passing a sound beyond that point; these are often cured by dilatation.

Dr. Thomas, as a rule, opposed intra-uterine medication. When made beyond the internal os they were very dangerous as well as generally useless. Flexion or displacement is not infrequently the cause of the catarrhal condition. The curette is of great value when fungosities exist. A lacerated cervix or some constitutional condition is often to be attended to as the cause. In those very rare cases in which true idiopathic catarrh does exist intra-uterine medication is of value.

Papers on the Treatment of Puerperal Septicæmia by Intra-uterine Injections, by Dr. E. W. Jenks; on Idiopathic Septicæmia in Gynecological Practice, by Dr. J. R. Chadwick, and on a Case of Puerperal Septicæmia, by Dr. A. D. Sinclair, were then read and submitted to discussion.

Dr. Engelmann had seen accidents follow the use of carbolic acid in this relation. Dr. Barker had seen five deaths from such medication. Dr. Chadwick advocated solutions of permanganate of potassa for this purpose, as did also Dr. Goodell.

Second Day.—Dr. S. C. Busey read a paper: A Contribution to the Pathology of the Cicatrices and Pigmentation of Pregnancy. He believed that the so-called striæ are caused by localized atrophies of all the layers of the integument with compression and partial obliteration of the lymph-spaces.

Dr. Paul F. Mundé read a paper on Prolapse of the Ovaries, in the discussion of which Dr. Barker stated his opinion that constipation not only was a powerful agent in causing these displacements, but also in perpetuating the malposition. He thought pessaries of very little use in replacing prolapsed ovaries.

President Thomas then read his Annual Address on "The Gynecology of the Future and its Relations to Surgery."

Dr. Sinclair read a paper giving the results of some measurements of the uterine cavity in child-bed. Dr. Byrne exhibited an instrument for the operation and made some remarks on Kolpo-Cystotomy by the Galvano-Cautery.

Third Day.—The annual business meeting was held in the morning. The report of the Nominating Committee was accepted and election of officers for 1879 then took place with the following result:

President, Dr. J. Marion Sims, of New York. Vice-Presidents, Dr. W. T. Howard, of Baltimore, and Dr. Robert Battey, of Georgia. Council, Drs. Wm. Goodell, of Philadelphia; Edw. W. Jenks, of Chicago; A. D. Sinclair, of Boston, and A. J. C. Skene, of Brooklyn, N. Y. Secretary, Dr. Jas. R. Chadwick, of Boston. Treasurer, Dr. Paul F. Mundé, of New York. Elected Fellows of the Society: Drs. John Scott, of San Francisco; E. L. Duer, of Philadelphia; R. S. Sutton, of Pittsburgh, and J. W. Underhill, of Cincinnati. Time and place of next meeting, First Wednesday in September, 1880, at Cincinnati.

Dr. I. E. Taylor read a paper on the

Early Application of the Forceps in the First Stage of Natural Labor. He thought these instruments should be used on the first appearance of symptoms denoting tedious labor. Dr. Howard thought there were great advantages to be derived from the use of the hot vaginal douche in such cases, and that version was preferable to the forceps when the os was dilated sufficiently to permit.

Dr. Goodell read Clinical Notes on the Hypertrophic Elongation of the Cervix Uteri, in which he—contrary to Emmet—advocated amputation of the cervix under certain circumstances.

Dr. Joseph Taber Johnson read a paper on Mismanaged Labor the Source of much Gynecological Practice. Dr. J. C. Reeve reported a Case of Extra-Uterine Pregnancy, several papers were read by title, after which the Society adjourned to the time and place before mentioned.

It is very apparent that this young society gains in vigor and usefulness with each successive meeting.

Extracts and Abstracts.

Treatment of Obesity.—(*Hospital Gazette*) At this moment, when a considerable desire to get rid of superfluous fat appears to have taken possession of the public mind, a pamphlet published by M. Philbert "On the Treatment of Obesity by the Waters of Brides, Savoy," may be of some interest. The waters of Brides appear to be of a similar character to those of Carlsbad and Marienbad, which have attained some celebrity in the treatment of polysarcia. They are, of course, described, therefore, as being at the same time purgative and tonic. The treatment consists especially in the administration of the waters in a dose of from three to five glasses a day, to which sometimes is added a purgative salt or the waters of Salins Montiers, a thermal station in the neighborhood of Brides, and in the use of the Turkish baths. To these means are added the resources of exercise and special alimentation. Many of these methods can, of course, be employed elsewhere than at the thermal station itself; but, as M. Philbert remarks, at a certain stage of his malady the fat man loses the power of will and falls into a state of apathy and intermittent somnolence, and will not take the trouble to conduct for himself the necessary treatment. It is then that it becomes necessary to remove him from the influences which surround his daily life, and the best plan is to send him to a suitable bathing station. There the patient listens willingly to the advice of his physician; he has no excuse for not following it, and the improvement which results encourages him to continue his treatment at home. M. Philbert relates in his memoir (published by Delahaye, Paris) a certain number of cases which show, in the majority of the patients, a diminution of weight of from ten to fifteen pounds obtained in twenty days. In some the diminution is much more considerable, especially when they have been able to make a more prolonged stay at the watering place; but the important point is that, according to him, the patients leave the place in very good health, and more vigorous than they were on arrival, which he traces to the fact that the cure is not effected by inanition and insufficient feeding, as with the majority of the German waters. The patients, on the contrary, follow their appetites in eating, but live according to a special regimen.

A Case of Sterility(?).—(Dr. Blackwood in Philadelphia *Medical Times*) Mrs. Blank had given up hope, for she had undergone treatment for a real or supposed uterine ailment before becoming my patient, and no improvement was apparent. Her case was somewhat simpler in its nature than other cases related, as was likely that of her medical attendant, a good old man who had secluded himself in a beautiful village in our State, far removed from the revolutionary theories of our city confrères. For the relief of a leucorrhœa he had interdicted sexual intercourse for two weeks succeeding menstruation, declaring that with her such relations were unclean, provocative of womb troubles, and causing discharges (what kind not stated) in the male. Her ideas on this subject were firmly fixed from the reverence entertained for her medical adviser, whose duration in practice was truly extensive, even if his physiological ideas were peculiar. I assured her that all trouble could be avoided, and put her

upon elixir of calisaya internally, and ordered local application of rose water as a vaginal purifier. After prosecuting this heroic method for a couple of months, I induced the parties to put into operation what had so terrified them previously, namely, copulation directly after the close of menstruation, without any more serious result than the complete stoppage of that function for a period of twenty-two months, during which interregnum, after nine of the periods had elapsed, "a regular stunner," as the fond father termed it, made its appearance. The rest of the monthly non-appearances were due to the usual nursing of the little phenomenon. Through the peculiar notions of a country physician, this family had been put to great expense in obtaining the services of a gynecological practitioner from a distance, who, to his credit, after treating her for some months, stated his inability to promise any improvement. He was doubtless ignorant of the suggestions of the family attendant, but he should have pushed his inquiries further, and got the full history before they came to reside in this city.

Extract of Beef by Expression.—(Philadelphia *Medical and Surgical Reporter*) A variety of succus carnis or meat juice is extensively used in St. Petersburg, by invalids and infants, in the place of raw meat. It is said to contain all the constituents of the latter in solution, being prepared by expressing fresh beef by means of hydraulic presses and filtering, It is a clear, red liquid, having an acid reaction, a pleasant taste, a specific gravity varying between 1.031 and 1.037, and mixes clear with a little hydrochloric acid, but is coagulated by a larger proportion of the latter, and also when boiled. It is not rendered turbid by acetic acid and sodium chloride, and was found to contain albumen, gelatin, sugar, creatin, inosinic, lactic and carbonic acids and oxyhæmoglobin. The ashes contained potassium chloride, sodium chloride, and phosphate and sulphate of calcium, magnesium and iron. Whether any of the "beef extracts" in the American market are prepared in this manner we cannot say, but it would seem to be an excellent method.

Epilepsy from Uterine Stenosis.—Dr. J. H. Carstens (Detroit *Lancet*) relates the case of Miss W., aged seventeen, menstruated when fourteen, always regular since and healthy in every way until eight months ago, when, from cold, menstruation stopped suddenly. Some pain and probably slight inflammation of some of the pelvic organs resulted. Two months afterwards the menses reappeared, but preceded by a well-marked epileptic seizure. The menses have been regular since, but an epileptic attack always preceded them. Spasmodic dysmenorrhœa was also present; otherwise her general health was good. Her case being diagnosticated as one of reflex epilepsy, due to some morbid condition of the generative organs, an examination was made, and revealed a stricture of the internal os uteri, a small sound only passing with difficulty. This stricture was relieved by rapid dilatation. She did not return for further treatment for over three months, she then stated that the epileptic attacks and dysmenorrhœa had not reappeared, but that at the last menstrual epoch a slight dizziness and pain were present. Treatment repeated. Bromides would not cure such a case. The lesson is taught to investigate such cases thoroughly.

Propylamine Chloride in Rheumatism.—Dr. W. W. Townsend (*Country Practitioner*) relates several cases of acute rheumatism, and also of the sub-acute form, successfully treated by this agent. He gives the following formula:

℞ Propylamine chloridi - - gr. xxxvi;
Aquæ menth. pip. - - ʒvi;
Sacch. albi. - - - - - - ʒii;
M. Sig.—One tablespoonful every two hours.

He has never failed to cut short a case of acute rheumatism in the twenty-five or thirty years he has used it.

New Disinfectant.—(N. Y. *Med. Jour.*) A new disinfecting agent called "Sanitas" is thus prepared: Russian turpentine and water are placed in huge earthenware jars, surrounded by hot water. Air is driven through the mixture in the jars continually for three hundred hours, the result being a decomposition of the turpentine, and the formation of a watery solution of the substance in question. After evaporation, the substance is a light brown powder, of a pleasant taste and odor, and capable in a remarkable degree of preventing or arresting putrefactive changes. It is not poisonous, and does not injure clothing, furniture, etc., with which it is brought in contact.

Craniotomy.—Dr. G. R. Chitwood, Jr., of College Corner, Ohio, gives (*Obstet. Gazette*) the particulars of a case in which he performed the operation with extemporised instruments: "I procured a sharp-pointed pair of shears (for a perforator), a piece of telegraph wire (which I made into a blunt hook), and a blunt-pointed penknife. Everything being in readiness, the woman was placed across the bed, with her hips at the edge. Flexing the limbs, an assistant was placed at the knees. I introduced two first fingers of right hand (I am left-handed), passing up to presenting part of child; then gliding shears (closed) along fingers to head of child, commenced boring motion, penetrating cranium. Then with knife, I enlarged opening to some 2½ to 3 inches, after which I emptied skull of greater portion of brain and collapsing bones, and with blunt hook passed through edges of scalp, terminated labor. Good recovery."

Danger in the Use of Pilocarpine in Puerperal Eclampsia.—(*Arch. f. Gynæk.*, xiv, 3.) M. Saenger reports three cases of eclampsia in which injections of pilocarp. muriat. (⅓ gr.) were used. Although the attacks of convulsions seemed checked, there followed, immediately after the injection, the most severe symptoms of suffocation, as the result of the patients inability to expectorate the enormous quantity of mucus and saliva; two cases out of three died. While S. thinks pilocarpine to be a very valuable agent in the *beginning, and in slight cases of eclampsia*, he warns us from its use in the *latter stages of the disease*, when *coma has suppressed the action of the reflex centres.* During labor, when moaning, restlessness, etc., show the reflex centres to be still active, pilocarpine seems the more useful and recommendable, as its beneficial influence on labor itself has been demonstrated beyond doubt.—*Am. Jour. of Obstetrics.*

Vaccinal Syphilis.—(Buffalo *Med. and Surg. Journal*, from *Gaz. des Hôpitaux*) Virus was taken from the seven months child of a mother subsequently known to be syphilitic, the infant at the time presenting all the appearances of perfect health.

With the virus thus obtained, twenty-five girls were vaccinated, twelve of whom, in six weeks, had ulcerations at the point of inoculation, succeeded by exanthema, oral and pharyngeal ulcers, and condylomata, syphilitic ozœna, etc. Three others had suspicious lesions in the neighborhood of the vaccine sore, which were not followed by constitutional symptoms.

[Moral:—Always use the bovine virus. —Ed. Record.]

Gastrostomy, or the formation of an artificial opening into the stomach for the purpose of securing alimentation in complete closure of the œsophagus, has been successfully performed by Dr. Ferd. Herff, of San Antonio, Texas. The patient was a little girl who was dying from inanition consequent on stricture of the œsophagus, following the ingestion of a solution of concentrated lye. Feeding through the gastric fistula was performed with facility three weeks after the operation.—*N. O. Picayune.*

Congenital Absence of the Spleen.—(*Ibid.*) Drs. Koch and Wachsmuth, of Altona, report (Berlin *Klin. Wochenschrift*, Feb. 1879) the case of a man with typhoid fever, forty-nine years of age, in whom no dulness could be detected in the region usually occupied by the spleen. At the autopsy no trace of this organ could be found. The splenic artery was also absent, while the other abdominal organs were of normal conformation.

Post-Mortem Delivery.—(Louisville *Med. News*) If extracted within six minutes of the sudden death of the mother, the fœtus may be born alive. At ten minutes it may be alive, but asphyxiated. Later than this it is highly asphyxiated. In many cases it is dead after the first minute. The child's chances are best when the parent has died from some quickly-acting poison.

Salicylic Acid in the Treatment of Scabies.—Dr. F. W. Rankin (*Monthly Review of Medicine and Pharmacy*) reports thirteen cases of scabies, proved to be such by finding the itch insect present, cured by salicylic acid dissolved in glycerine, applied night and morning. No other treatment was used except an occasional bath.

Night-Sweating of Phthisis.—(London *Practitioner*) Dr. Wm. Merrell strongly recommends the use of Dover's powder to relieve this often troublesome symptom. He gives a full dose at bed-time. He considers it a far more reliable remedy for this affection than oxide of zinc, but admits that it may be inferior to atropia.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - OCT., 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

MICROCOCCI AND BACTERIA.

In our August number we pointedly referred to the fallacy of the argument against the germ theory of disease based upon the alleged identity of the micro-organisms found in the organs and fluids of the body in various diseases as well as in health, and the inference that for this reason they, none of them, could stand in a causative relation to any affection. If the identity of all these minute organisms one with another be assumed, then the induction necessarily follows that, as like causes produce like effects, and *vice-versa*, these organisms must always produce similar effects; similar effects not being observed to coincide with their presence, therefore they cannot be held as causes of disease in any instance.

The fallacy pointed out in the paper referred to was the utter improbability of microscopists being able to determine, with that degree of accuracy demanded by modern science, the identity or non-identity of such minute objects when obtained from different sources. As it is found to be impossible to differentiate between the poisonous and wholesome varieties of the common fungi of our pastures, it was presumed that in all probability it would be at least as difficult to make the distinction between different specimens when the objects submitted to investigation are millions of times ess in bulk.

The opponents of the germ theory have, thus far, made no attempt to controvert this proposition which is almost axiomatic in clearness. They still content themselves with the assumption of a clear-sightedness in this regard that is equal to the pretensions of the professional *clairvoyante*.

Notwithstanding the marvelous success of Lister's antiseptic method of treating wounds—the grandest triumph of surgical art since the discovery of anæsthesia—there are not wanting powerful advocates of the ancient regime who insist that as micro-organisms may be detected even under the best applied dressing of its author himself, that bacteria have nothing to do with suppuration and putrefaction. Although Mr. Lister could not deny the presence of such growths, even under his best applied "gauze and Mackintosh," he could still point with pride to the absence of suppuration, the disappearance of surgical fever, and the abolition of septicæmia from his hospital wards and from those of his faithful followers throughout the world. The presence of these organisms, however, gave his opponents an excuse for keeping up their opposition and continued to vex the souls of the faithful. It is one thing to believe one is right even in the face of opposing evidence—it is quite another affair, sometimes, to be able to give good reasons for the faith that is in us. This may not be altogether undesirable. The partisan often makes the better fight so long as he does not feel entirely certain of his position. Besides, a state of partial uncertainty stimulates inquiry and impels to renewed, more exact and more complete investigation.

The opponents of Listerism not taking the trouble to go further and explain in some other way the complete absence of the surgical accidents referred to, contenting themselves with praising the greater attention to cleanliness and (some) the remarkable results of good drainage of wounds, one of Mr. Lister's pupils has undertaken the task and worked out an explanation

which is brilliant by its completeness and simplicity. As we indicated in our August number, and as the event has proved, the explanation was found in the differentiation of micro-organisms into two (at least) well-marked groups. We refer, of course, to those found in discharges from wounds. It is very possible—nay, probable—that these are not the only varieties that infest the living body.

Mr. Watson Cheyne read a paper on the Occurrence of Organisms Under Antiseptic Dressings, before the Pathological Society of London, on May 6th of the present year, but not published until September, when it appeared in the *Lancet*. It appears, from experiments which are described with detail, and which satisfy all the requirements of scientific accuracy, that micrococci and bacteria are absolutely distinct organisms; that the former are not the latter in a different stage of development, as claimed by some; that micrococci may be present in wounds without occasioning any disturbance whatsoever; that the presence of bacteria is made manifest to the unaided senses by odorous emanations, change in the discharges, appearance of signs of irritation, swelling, etc., in the edges of the wound, the formation of pus, and by general febrile movement.

In answer to the question: How do these organisms gain access to the wounded surface? he stated that spontaneous generation was so thoroughly disproved as to require no discussion; that healthy blood destroys them, hence they could not approach the surface through the medium of the circulation; and, finally, that they found some loophole through the antiseptic dressing itself through which they made their way.

The presence of micrococci and the absence of bacteria were fully accounted for by other experiments that tended to establish the correctness of the supposed mode of entrance.

He found that bacteria will not develop in an infusion that contains one part of carbolic acid to five hundred, while micrococci will, and can be made to develope in much stronger solutions (1 to 300), by successive cultivations. They have the power of accommodating themselves to the stronger solutions, when the latter are made stronger gradually, while bacteria have no such ability to conform themselves to such conditions. When the proper conditions are present, bacteria seem to develope to the exclusion of micrococci.

Now, the antiseptic dressing, when well applied, furnishes precisely the proper conditions for the developement of that form most tenacious of life and best adapted to serious changes in the environment—the micrococci. Mr. Cheyne said:

"When the discharge is profuse the carbolic acid in the dressing is not in sufficient quantity to prevent the developement of organisms, and as the carbolic acid is very volatile, much will have escaped when the dressing is left on long. Moreover, carbolic acid added to albuminous fluids (*e. g.*, milk or serum) causes a precipitate, and requires much more of the acid to prevent the growth of organisms in these fluids than it does in Pasteur's fluid."

In this way the requisite degree of dilution is furnished, within a few hours, for the free developement of micrococci, while the dressing is all-sufficient to exclude bacteria.

He also stated that micrococci are distinct from bacteria in their mode of growth, in their relation to reagents and carbolic acid, in their effects on fluids and on the living body, and by the fact that they have never been observed to pass one into the other.

We have no doubt but that Mr. Cheyne's experiments will have the effect of increasing the number of the adherents of Listerism and result in making further improvements in antiseptic dressings which have never been claimed to be perfect. We hope to hear again from this brilliant experimenter.

QUACKERY UNDER THE CODE OF ETHICS.

False pretense constitutes the essence of quackery. The assumption of knowledge or skill which he does not possess, of power over disease in which he is deficient, and of ability to prognosticate the sequence of events which is out of the power of humanity, have been the characteristics of the quack in all ages. Another distinguishing sign is his exaggeration of the trivial symptom until it puts on the appearance of a formidable disease, and the working upon the hopes and fears of the unfortunate to increase the amount extorted from the victim of disease or of imagination.

Everyone knows the practitioner who has more (alleged) cases of typhoid fever and diphtheria to treat in one year in his single practice than are treated by the combined profession of honest men in his acquaintance in a decade. Yet is he not a prominent member of the local society and a strict defender of the Code!

The doctor who has "made a special study" of the microscope, and affects to predict the number of years that a patient will live by means of an examination of a drop of the latter's blood, who pretends to be the arbiter of fortunes, advising marriage or celibacy, etc., guided by this instrument; this stupendous fraud is also known. Does he not assume to teach the uncultured backwoodsman all the mysteries of medical science in one or two short sessions? Of course he does, and his name is to be found printed alongside of eminent "professors" in our current medical literature!

Speaking of medical schools reminds us of one of the very worst forms of quackery that exists under the Code. Do not these private corporations pretend to teach a thorough knowledge of medical science within the short space of two years or less? Do we not know of men who have obtained diplomas from these respectable(?) institutions within less than *one* year? Do we not know of men who never before saw the inner walls of a medical college being graduated after a few weeks' attendance? We do know of such instances.

Yet these teachers who are so ready to graduate ignorant men to slay the people without let or hindrance, are mostly honored members of local societies and of the American Medical Association. They have subscribed to the Code over and over again, only each year to break the faith pledged with so much earnestness. *These* are the sticklers for professional ethics, etiquette, honor and glory!

If there is such a thing as real, genuine, unadulterated quackery under the sun, then this is the thing in its most atrocious form.

SURGEON-GENERAL HAMMOND'S CASE.

We take great pleasure in presenting to our readers the *first* paper written by Dr. Hammond since his restoration to the position from which he was so wrongfully removed fifteen years ago. Like everything he writes, this will be found very practical, and will no doubt be the means of relieving a large number of sufferers from a most distressing affection.

In this connection we shall reprint, from the Boston *Medical and Surgical Journal*, of September 25th, the Secretary of War's opinion in Dr. Hammond's case. We do this because of a very prevalent idea (in this section, at least) that the case was not decided upon its merits. We presume that Secretary McCrary's opinion will remove such mistaken notions from the mind of every unprejudiced reader:

"In March last, an act of Congress was passed for the relief of Dr. W. A. Hammond, late Surgeon-General of the Army, and upon recommendation of the Secretary of War, the findings and sentence of the general court-martial, promulgated in 1864, have been annulled and set aside by the President, and Dr. Hammond is placed on

the retired list of the army as Surgeon-General without back. present, or future pay or allowance of any kind whatsoever. The following is the opinion of the Secretary of War referred to in the foregoing order. After reciting the law, above referred to, and giving a synopsis of the charges upon which Surgeon-General Hammond was tried, the Secretary continues in his report to the President:

'I have the honor to submit my conclusions upon the case, as follows:

First. In construing the act of Congress of April 16, 1862, as not depriving the Surgeon-General of the power to purchase medical supplies Dr. Hammond was guilty of no crime. The construction he placed upon that act, whether erroneous or not, was entirely consonant with an honest purpose, and such a purpose must be presumed until the contrary appears. The act authorized medical purveyors to purchase all medical supplies under the direction of the Surgeon-General. The Surgeon-General held that the power to make purchases in person, which had been previously exercised by him and by his predecessor, was not taken away by this act; that the purveyors were placed under his orders for the purpose of aiding him in the performance of that duty, rendered very onerous at that time by a great war. He held that what he could command another to do he could do himself; that what he could do indirectly he could do directly. I am clearly of the opinion that the construction of the act was not so palpably wrong as to render all acts done in performance of it presumably criminal. It was the duty of the Surgeon-General to construe and execute the act.

Second. The acts of the Surgeon-General in making purchases of medical supplies in person and not through a medical purveyor, and in directing purveyors to purchase particular articles at specified prices from certain persons, were not acts in themselves criminal. The mere fact that these things were done did not raise a presumption of guilt to be overthrown by the accused. The burden was upon the prosecution to establish, by competent evidence and beyond a reasonable doubt, that the acts complained of were done with corrupt intent.

Third. Upon the question of intent that the board recently convened finds that there is no evidence that the Surgeon-General was interested in or profited by the contracts which were charged as fraudulent. It is further found by the board that there is no direct evidence to establish corruption, and that the circumstantial evidence upon the question of intent is conflicting and some of it incomplete. But the board sustains the sentence of the court-martial largely upon the ground that the acts complained of were unlawful in themselves and that therefore a fraudulent intent must be presumed until the contrary is established by the accused, the burden being on him. This I regard as a grave error, for the reasons already stated.

Fourth. In my opinion the evidence does not establish the charge of corruption, and it is only by assuming that the acts complained of were in themselves so palpably unlawful as to raise the presumption of criminal intent that any sufficient foundation for the sentence of the court-martial can be found, and that assumption not being warranted by the terms of the statute the finding cannot be upheld.

Fifth. The charge of falsehood is not sustained. Dr. Hammond stated in a private letter to Dr. Cooper that General Halleck had requested the detail of Surgeon Murray for duty at Philadelphia. It was charged that General Halleck had not made this identical request, but it was admitted that he had requested the transfer of Dr. Murray from the South to Eastern hospital duty. It was in proof that Dr. Murray had urgently requested General Halleck to secure his transfer to Philadelphia, and it is not improbable that this was mentioned by General Halleck to Dr. Hammond, as the latter claims. General Halleck testified that he had no recollection of having mentioned Philadelphia as the place to which he desired to have Dr. Murray sent. There is room for doubt as to what the Surgeon-General understood the request of General Halleck to be. There is still greater room for the conclusion that an honest misunderstanding arose between the two, and I cannot but regard it as a very harsh and unjust judgment which pronounced the Surgeon-General guilty upon this charge.

I recommend that the findings and sentence in the case of Surgeon-General William A. Hammond, referred to, be annulled and set aside, and that the name of said William A. Hammond be placed on the retired list of the army as Surgeon-General, without back, present or future pay or allowances of any kind whatsoever.

George W. McCrary,
Secretary of War."

A CHALLANGE.

The colleges are, one by one, accepting the situation and advancing their requirements for matriculation and graduation. The examples set by the Chicago, Harvard, Pennsylvania, Syracuse, Yale, Johns Hopkins and California universities and the St. Louis College of Physicians and Surgeons will probably be imitated more or less closely by all the great medical schools in the country before the close of another year. Some of the greater sinners, like Rush and the Jefferson, not to name any nearer home, will probably continue to defy public opinion for the sake of the "dirty shillings."

We trust the profession will remember them and support the better class—high-grade—institutions exclusively. A few years of inanition will bring them all to terms.

In the meantime we take much pleasure in referring to the efforts of a few independent journals—the *Hospital Gazette*, Michigan *Medical News*, *New Preparations* and the CLINICAL RECORD—to oblige the schools to conform themselves to professional opinion in these respects.

A long step has been made in advance, but more still are necessary before the American profession can be placed upon a proper foundation. We enumerate a few of the more pressing requirements, and give notice that we shall labor for further advances in the way we now indicate:

1. A further extension of the time of study to four years.

2. Abolition of the graduating fee.

3. Higher requirements for matriculation. They must be made equal to those demanded in Great Britain.

4. The separation of the power of granting the license to practice from the teachers of medical schools; or, what amounts to the same thing, the withholding of the right to practice until evidence in addition to the possession of a diploma is presented. This must be accomplished through Congressional legislation, and the National Board of Healty seems the proper instrument for putting the necessary machinery in motion.

We shall return to this interesting subject again. It cannot be agitated too much. Every physician in practice and every medical student has a personal interest in the matter.

We invite correspondence on the subjects above suggested, and more there will be a general expression of opinion. If the mercenary schools have a champion who dares to enter the lists, let him defend the low-grade system. He shall have the use of our columns, so long as he deals courteously, and he shall be fairly treated.

NICHOLS' ELIXIR of Peruvian Bark with Protoxide of Iron, now manufactured by Messrs. Billings, Clapp & Co., of Boston, has a well-earned reputation among experienced physicians. It is especially adapted to cases requiring a bitter tonic combined with iron, who are in need of a pleasant, palatable and, at the same time, effective preparation.

PHOSPHOROLE, their new combination of phosphorus with cod-liver oil, appears to be all that has been claimed for it. We trust a thorough trial of its virtues in phthisical cases will be made by some of our correspondents, and that they will furnish us complete reports for publication.

"THE TASTELESS ANTIPERIODIC," as recommended by Prof. Ashhurst, and prepared by Messrs. Powers & Weightman, is an excellent substitute for the salts of quinia. We have used it almost exclusively in children's diseases in which quinia is usually given, and always with the best results. We refer to the advertisement of this great manufacturing firm for further particulars.

DR. WM. CALDWELL, representing the Trommer Extract of Malt Company, of

Fremont, Ohio, recently called upon the editor of this journal and exhibited some beautiful specimens of their preparations. These samples show manifest improvements over those manufactured five years ago, both in color and flavor. We have no doubt but that their therapeutic virtues continue unimpaired.

Book Notices and Reviews.

THE ADVANTAGES AND ACCIDENTS OF ARTIFICIAL ANÆSTHESIA: A Manual of Anæsthetic Agents, and their Employment in the Treatment of Disease. By Laurence Turnbull, M. D., Ph. G.; Aural Surgeon to Jefferson Medical College Hospital, etc., etc., etc. Second Edition, Revised and Enlarged, with twenty-seven illustrations. 12mo. pp. 322 Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. 1879.

Few medical works at all, and still fewer of those works which deal with only a special field in medical science ever reach a second edition. When the publication before us appears in the garb of a second issue we may therefore take it as conclusive proof that it has filled a gap in our medical literature.

Suggested, as the author states in his preface by a discussion in a medical society, the work necessarily deals with the most contradictory and controversial views as to the value and disadvantages of anæsthetics. While all the various views are impartially given, the author has avoided falling into the error of prolixity, by following a careful and conclusive line of argument based on a solid ground of statistics, and which will do more than any discussion carried on, on purely experimental grounds, to dispose of the absurd outcry raised by the anti- or pro-chloroform *fanatics*.

In eleven chapters the nature, chemical and physical, of the different anæsthetics is given, the mode of administration is pointed out and the main indications suggested. The author has fortunately been able to base these hints on an extensive practical experience, but with great modesty has subordinated his opinion to the concurring one of several eminent colleagues, such as Atlee and Maisch. In an able and exhaustive manner the chemical features of the alcohol-chloroform and chloroform-ether mixtures are dealt with and the claim urged with considerable earnestness that every large hospital in this country, like the larger ones of London should be provided with a chloroformist. The mortality from the chloroform-ether mixture is given as 1 to 5,588. That from ether alone is not given, but the author (page 48) states that of 34,980 suppositional administrations in Philadelphia alone, not a single "primary" and but one secondary death has taken place. He, consequently, by far prefers ether to any other general anæsthetic, and while he would not hesitate to use chloroform in those idiosyncrasies with which ether fails, yet lays it down that it should never be employed unless a thorough trial of the less dangerous medium has been made beforehand.

The chapter upon nitrite of amyl is less satisfactory. However clear the author may have been in his own mind as to the indications on which this drug is to be administered in epilepsy, his language conveys the idea that it may be given in a routine way. This is certainly far from being the case, it being pretty well established that only the *status epilepticus*, and those fits which are preceded by a distinct aura can be arrested or modified by this remedy. In this respect its virtues are great, the writer correctly insists, however, that it is *not* curative. The weight of opinion of alienists is against that of the only one quoted by Dr. Turnbull, as to the effect of amyl nitrite on melancholia, most of them, and our experience accords with this, have had excellent if not astonishing results in certain cases.

While the blood of subjects under the influence of chloroform may or may not show certain peculiarities, yet we think that

it is difficult if not impossible to reproduce such subtle modifications in wood cuts; those on page 175 are, therefore, in our opinion, but ill calculated to serve either as proofs *for* or *against* the existence of such changes, although we agree with the author in so far that we do not believe that the influence of chloroform is visible *optically* in the blood disc. Dr. Turnbull seems to have recognized the difficulty of illustrating his position by the graphic art, for he is careful enough to add in predicating the normal appearance of the corpuscles in an accompanying figure (14) "as far as it is possible to present them in a wood-cut."

An interesting chapter on the medico-legal aspect of the administration of anæsthetics closes the body of the work and a bibliographical list of papers on anæsthetics concludes it.

The work will prove highly useful to the surgeon, who has not the time to seek in scattered treatises what is admirably collated and condensed in Dr. Turnbull's work, and to the Dentists, which class it has also been written for, it cannot but prove invaluable. We greet its appearance as an important contribution to original American medical literature. E. C. SPITZKA.

CLINICAL MEDICINE: A Systematic Treatise on the Diagnosis and Treatment of Diseases. Designed for the Use of Students and Practitioners of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine in the Bellevue Hospital Medical College, Etc., Etc., Etc. 8vo. pp. 795. Philadelphia: Henry C. Lea. 1879. St. Louis: Hugh R. Hildreth Printing Co. Cloth, $4 50.

There are numerous works devoted to clinical medicine, but they are mostly confined to special classes of diseases—the specialties—or are so extensive as to be either beyond the reach of the rank and file of the profession on account of their cost, or too prolix and diffuse for the practical purposes of every-day use. The eminent teacher who has written the volume under consideration has recognized the needs of the American profession and the result is all that we could wish. The style in which it is written is peculiarly the author's; it is clear and forcible and marked by those characteristics which have rendered him one of the best writers and teachers this country has ever produced.

About fifty pages are taken up with a discussion of some general considerations: methods of examining patients, general symptomatology, sources of error in diagnosis, simulation of diseases, hygienic and medical treatment, sources of error in therapeutics, correction of some prevalent errors regarding the expectant system of treating cases of disease, the professional conduct of physicians, etc.

From that portion of the Introduction relating to the Professional Conduct of Physicians, we make a few extracts, premising that it has no reference to the redoubtable Code.

"Patients are entitled to all the encouragement which can conscientiously be given. In this point of view, there is a marked contrast in the conduct of different physicians. Some who are unfortunately disposed to look upon the darkest side, anticipating the most unfavorable events which can happen, communicate their apprehensions and gloomy forebodings either by words or manner. The discouraging influence on the minds of patients is often baneful. It is a duty to give the encouraging points in any case, and it is a duty not to discourage by presenting prospective dangers which are problematical. * * * * * Undertaking to predict that a patient will live a certain number of days, weeks, months, or years, is injudicious, to say the least. It is a hazardous undertaking as regards the sagacity of the physician, and it may occasion mischief. Giving the percentage of the chances of death or recovery, is also objectionable. It does not confer credit on the profession for healthy persons to be able to say that in years past they were pronounced incurable and the time of death specified."

The remainder of the volume is divided into six sections, five of which are devoted

respectively to the diagnosis and treatment of diseases of the respiratory, circulatory, digestive, urinary and nervous systems, while in the sixth, fevers and other general diseases are considered.

The author's profound study of diseases of the heart and lungs, of which he has given full proof in several monographs devoted exclusively to them, renders the first two sections of the very highest value. In these pages he presents the results of an exceptionally large experience in a way to command the attention and respect of every reader. By themselves, these portions of the work would secure for it a wide circulation.

That portion devoted to nervous affections occupies a large space, the largest given to any one class. The rapid progress made in this department of medicine within the last score of years warrants the author in giving it so much space and study. It is probable that the prominence given to electricity as a curative agent is somewhat over-drawn; future experience must determine the exact limits of its usefulness. *Athetosis* is recognized as worthy of a place in nosology—an admission which will scarcely please some of our local (alleged) neuropathologists.

We have not space for so full a consideration of this remarkable work as we would desire. We must call particular attention to one most important feature, however, before we close this imperfect notice: The rigid adherence to *facts*, as proven, to the exclusion of plausible hypotheses. This is particularly noticeable in every paragraph devoted to therapeutics. We subjoin a few referring to one disease, to illustrate not only our meaning in this regard, but also the author's very clear and emphatic style. After referring to the treatment of general dropsy and uræmia, he writes as follows of the treatment of the different forms of Bright's disease:

"Aside from these two sources of indications, the objects of treatment relate to palliation and tolerance.

Palliative measures are indicated by vomiting, diarrhœa, deficient appetite, impaired digestion, anæmia, caphalalgia, vigilance, dyspnœa, etc. They are to be governed by the varying circumstances in different cases, and at different periods in the same case. As regards the symptomatic indications falling under this head, the general statement just made will suffice.

In respect of tolerance, it is to be stated that in a large proportion of the cases of parenchymatous nephritis, and in all the cases of interstitial nephritis and of waxy disease, curative treatment is out of the question, recovery is impossible. All that the practitioner can hope to accomplish is to prolong life, in other words, to enable patients to tolerate the diseases as long as possible and as well as possible.

An important negative injunction is to avoid measures which conflict with tolerance when they are not needed. Hydrogogue purgatives and diuretics are not to be employed when not indicated either by dropsy or uræmia, and they are not to be pushed beyond the requirements for their use. They are sometimes given too much as a matter of course. It is to be borne in mind here, as in the treatment of other diseases, that tolerance may be promoted as much by avoiding measures which diminish it, as by those which contribute to its increase. A small or moderate degree and extent of general dropsy does not claim potential measures, and so long as a sufficient quantity of urea is eliminated by the kidneys, there are no indications for active treatment to prevent its undue accumulation in the blood.

Tolerance is directly promoted by proper alimentation, the judicious regulation of habits of life as regards exercise, etc., and fulfilling indications which relate to complications, associated affections, or disordered functions. The diet should be nutritious, and adapted to the digestive powers. If there be danger of uræmia, the farinaceous and fatty articles should predominate over those which are rich in nitrogenized principles. Alcoholics are to be used with circumspection, and, as a rule, very moderately. The temperature and functions of the skin are to be maintained by warm clothing. The warm bath is useful. If available, the Turkish bath may often be employed with advantage once or twice weekly. A certain amount of muscular exercise is useful by increasing nutrition, and exciting the functions of the skin.

The bichloriue of mercury has been much used in this city in the different forms of chronic Bright's disease. Whenever useful, it is probably either as a tonic remedy, which it is proven to be by it increasing the red globules of the blood, or as a remedy against syphilis. Bartels advocates the iodide of potassium in cases of interstitial nephritis and waxy disease, given to the extent of twenty or thirty grains daily.

In the waxy form of disease, an essential part of the treatment relates to the morbid conditions which are causative, namely, phthisis, syphilis, suppurative inflammation, and diseases of the bones.

In cases of interstitial nephritis occurring in a changeable, humid climate, patients may be advised to try change of climate, if it can be done without infringing upon the requirements of comfort, and if the disease be not far advanced. In mild, equable, and dry climates this form of disease prevails less than in climates which lack these qualities; it is, therefore, a rational inference that the disease is less likely to progress in the former than in the latter. When a long sea-voyage can be taken with convenience and satisfaction, it will be likely to prove useful, as in many other chronic affections.

Although incurable, the renal affections which are embraced under the name chronic Bright's disease, may be tolerated many years, indeed, indefinitely. Hence, judicious treatment may be of incalculable value, albeit recovery is not to be hoped for."

MATERIA MEDICA AND THERAPEUTICS; Vegetable Kingdom. By Charles D. F. Phillips, M. D., F. R. C. S. E. Lecturer on Materia Medica. Adapted to the U. S. Pharmacopœia. By Henry G. Piffard, A. M., M. D. Professor of Dermatology, University of the City of New York, Surgeon to Charity Hospital, Etc. 8vo. pp. 323. New York: William Wood & Company, 27 Great Jones st. 1879. Cloth, $1 00. Sold only by subscription.

Dr. Piffard has performed a work that is worthy of great praise in condensing Dr. Phillips' book and adapting it to the uses of the American profession. The leaving out of useless matter that only hinders the student of therapeutics in his search for facts, the addition of certain indigenous drugs, the placing of doses expressed in terms of the metric system alongside of those in ordinary symbols, comprise but a portion of the labor performed by the American editor. In addition to these additions and changes, he has given the results of his own practical experience, with the result of very greatly increasing the value of the book. Dr. Piffard is well known as a careful, diligent and intelligent experimenter, and his opinions—always expressed with becoming modesty—are certainly entitled to respectful consideration and should incite to renewed investigation.

We have space for but a few extracts, which we cite more for the purpose of giving samples of the character and style of the contents of the book than with the idea of criticizing the statements made.

Aconite; page 3: "A quick pulse with a certain strength of heart action as measured by the *resisting* quality of the pulse, and a certain attendant dry heat of the skin, seem the leading external characteristics of the typical condition which serves as our therapeutic indication. As regards the action of aconite in reducing temperature, we can but conjecturally suppose, but with much probability, that it effects this, firstly, by lowering the action of the heart, and secondly, in a minor degree, by restoring skin-transpiration."

Pulsatilla; by the American editor, page 12: "In epididymitis we have had the happiest effects from pulsatilla given in very small doses, a few drops of the tincture in a glass of water, and a teaspoonful given every two or three hours, according to circumstances. The frequency of the dose should be diminished as soon as the pain begins to subside. The drug appears to influence the afflux of blood to the part, and not unfrequently the pain will be almost gone in twenty-four hours, after which the tumefaction gradually subsides. If the inflammation is very acute, with rise of temperature, it is better to give a few doses of aconite before or in alternation with the pulsatilla."

Belladonna; after fully subscribing to the doctrine that this drug and its alkaloid are really antagonistic in action to opium, Calabar bean and prussic acid, Dr. Phillips thus expresses his general estimate of its value, page 39:

"I cannot conclude this brief notice of the singular antagonistic virtues of atropia without remarking that this modern addition to the other numerous excellencies of belladonna which are available in medicine, raises this plant to an almost unexampled importance among remedies. With the single exception of opium, there is probably no vegetable medicine so important in existence; and already there seems a probability that many purposes to which opium has been applied will hereafter be found more efficiently discharged by belladonna."

Jaborandi; page 141, Dr. Piffard writes of its action, after quoting Ringer to the effect that, used in this manner, it will control profuse perspiration: "In the spring of 1878 a case of mild mercurial salivation occurred in one of the writer's wards at the Charity Hospital; a few weeks later a case of severe salivation occurred In connection with his dispensary service. In the first case pilocarpia, and in the other jaborandi, in small doses, was employed. In both, immediate improvement and rapid recovery ensued."

The foregoing extracts are sufficient for the purposes indicated, and we hope will induce many of our readers to give the book careful examination and study. We consider it one of the most valuable of Wood's Library of Standard Medical Authors, of which it is the eighth volume.

Sexual Neuroses. By J. T. Kent, A. M., M.D, 12mo. pp. 144. St. Louis: Maynard & Tedford, Printers and Binders. 1879. From the Author. Cloth, $1 50.

We have a peculiar tenderness for St. Louis authors, especially when they present us with the first fruits of genius. We endeavor to find all their good points and pass over their failings as lightly as our duty to our readers will permit.

We have carefully examined this book and find nothing new in it except a number of clinical cases reported in a "rich, rare and racy" style that almost tempts us to submit it to the tender mercies of the Western Society for the Prevention of Vice. One other point has appealed to our sensibilities: the author's singular ideas regarding the use of the Queen's English. Singular, we must say, in view of the "A. M." displayed upon the title-page. Herewith we present some examples for the careful study of future grammarians:

Page 36. "These conditions all exist: there is no remedy to abort or expunge them; and the numerous diseases, growing out of this great depravity and mismanagement of the sexual, must all be duly considered, by the medical man, as predisposing and exciting causes of neurine maladies."

We are willing to admit that the author presents some new views in this paragraph. "Neurine maladies" are caused by "numerous diseases." We have heard of "neurine batteries of the brain," also of "neurine" as a constituent of nervous structure, but "neurine maladies" are certainly new additions to our nosology. "The sexual" possibly means sexual functions, but whether organs, functions, passions or excesses are intended by the phrase, we are left in utter ignorance.

Again, page 44. "She will expunge a female from her circle of society for that for which she will sustain the male."

We have known of instances of women being expelled from decent circles for offences against chastity, but the "wiping-out process" is certainly new to us.

Page 61. "It (neurasthænia) undoubtedly forms a stage beyond which is *structural disease of sexual excess*, or the cause is perpetuated. I cannot admit that true impotence and spermatorrhœa are concomitants of neurasthænia, as they are phenomena of structural change; but *a threatened condition may exist.*" (Italics

ours). This is delightfully obscure, to say the least.

The book is well presented, and will probably have a large sale for certain very obvious reasons already hinted at.

First Step in Chemical Principles, an Introduction to Modern Chemistry, Intended Especially for Beginners. By Henry Leffmann, M. D., Lecturer on Toxicology in the Summer School of Jefferson Medical College, Etc., Etc., Etc. 16mo. pp. 52. Philadelphia: Edward Stern & Co. 1879. Cloth, 50 cents.

This is a very good little work for beginners in chemistry. We have tested its value in the instruction of students and believe it an excellent preparation for the study of the more extensive treatises. We are at a loss to account for the author's naming his book "First *Step*," while he takes his student a considerable distance along the road to a knowledge of the science.

Vegetarianism the Radical Cure for Intemperance. By Harriet P. Fowler. 12mo. pp. 79. New York: M. L. Holbrook & Co. 1879.

The writer is an enthusiastic vegetarian and prohibitionist, hence her statements are often (almost always) colored by prejudice, her facts not trustworthy and her reasoning full of fallacies. The thesis: vegetarianism is a cure for intemperance, is absolutely disproved by the fact that many thousands of English, Irish and Scottish peasantry are great consumers of alcohol, while they do not taste meat twice a year.

BOOKS & PAMPHLETS RECEIVED.

A Treatise on Hygiene and Public Health. Edited by Albert H. Buck, M. D., American Editor of Ziemssen's Cyclopædia of the Practice of Medicine; Instructor in Otology in the College of Physicians and Surgeons, New York; Aural Surgeon to the N. Y. Eye and Ear Infirmery. 8vo. Vol. I, pp. 892—Vol. II, pp. 657. New York: William Wood & Co. 1879. St. Louis: C. C. Pease, General Agent. Cloth, $5; sheep, $6.

The National Dispensatory. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines. Including those Recognized in the Pharmacopœias of the United States, Great Britain, and Germany, with Numerous References to the French Codex. By Alfred Stillé, M. M., LL. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, and John M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Second Edition, thoroughly revised, with numerous additions. 8vo. pp. 1680, with 239 illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $6 75; leather, $7 50.

A Clinical Treatise on the Diseases of the Nervous System. By M. Rosenthal, Professor of Diseases of the Nervous System at Vienna. With a Preface by Professor Charcot. Translated from the Author's revised and enlarged edition by L. Putzel, M. D., Visiting Physician for Nervous Diseases, Randall's Island Hospital, Etc., Etc., Etc. Vol. II. 8vo. pp. 284. New York: Wm. Wood & Co., 27 Great Jones st. 1879. Cloth, $1 00. Sold only by subscription.

American Health Primers:—

III. The Summer and its Diseases. By James C. Wilson, M. D., Physician to the Philadelphia Hospital and to the Hospital of the Jefferson Medical College, etc., etc.

IV. Eyesight, and How to Care for it. By George C. Harlan, M. D., Surgeon to the Wills' Eye Hospital, etc. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: H. R. Hildreth Printing Co. Cloth, each 50 cents.

Lecture Notes on Chemical Physiology and Pathology. By Victor C. Vaughan, M. D., Ph. D., Lecturer on Medical Chemistry in the University of Michigan; Author of several works on Anatomy and Chemistry. Second Edition, Revised and Enlarged. 8vo. pp. 315. Ann Arbor: Ann Arbor Printing and Publishing Co. 1879. Cloth, $2 00.

Transactions of the State Medical Society of Kansas at its Thirteenth Annual Session, held in Atchison, Kansas, May 13, 14 and 15, 1879. Lawrence, Kas. 1879.

THE STUDENT'S GUIDE TO THE DISEASES OF WOMEN. By Alfred Lewis Galabin, M. A., M. D., F. R. C. P., Assistant Obstetric Physician and Joint Lecturer on Obstetric Medicine to Guy's Hospital, Etc., Etc. 12mo. pp. 370, with sixty-three illustrations. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: H. R. Hildreth Printing Co. Cloth, $2 00.

PHYSIOLOGY AND HISTOLOGY OF THE CEREBRAL CONVOLUTIONS, Also, Poisons of the Intellect. By Chas. Richet, A. M., M. D., Ph. D. (Formerly Interne of the Hospital of Paris.) Translated by Edward P. Fowler, M. D. 8vo. pp. 170. New York: Wm. Wood & Co. 1879. St. Louis: C. C. Pease, General Agent. Cloth, $1 50.

A GUIDE TO SURGICAL DIAGNOSIS. By Christopher Heath, F. R. C. S., Holme Professor of Clinical Surgery in University College, London, and Surgeon to University College Hospital, Etc., Etc., Etc. 12mo. pp. 214. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: H.R.Hildreth Printing Co. Cloth $1 50.

STUDENT'S POCKET MEDICAL LEXICON; Giving the correct Pronunciation and Definition of all words and terms in general use in medicine and the collateral sciences, etc. By Elias Longley. 16mo. pp. 303. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: H. R. Hildreth Printing Co. Cloth $1 00.

THE PHYSICIAN'S POCKET DAY BOOK. By C. Henri Leonard, M. A., M. D. Accommodates daily charges for 20 or 40 Families weekly; has complete obstetrical record for 94 cases; and monthly memoranda for Dr. and Cr..cash account. Detroit: From the Author. Price $1. St. Louis: Book & News Co.

THE MULTUM IN PARVO REFERENCE AND DOSE BOOK. By the same Author. Third Edition, Revised and Enlarged. 23d thousand. Detroit: C. Henri Leonard. 1879. St. Louis: Book & News Co. Cloth, 75 cents.

TRENSACTIONS of the Southern Illinois Medical Association, for the year 1879. Also the Proceedings of its semi-annual meeting, held at Sparta, June 18, 19, 1879. Vol. I. L. Dyer, M. D., H. V. Ferrell, M. D., Committee on Publication. 8vo. pp. 76. From the Committee.

DERMATITIS VENENATA; or *Rhus toxicodendron* and its Action. By Roswell Park, M. D. Reprint from *Archives of Dermatology*, July, 1879.

NEUROSTHÆNIA. By Geo. M. Beard, A. M., M. D. (St. Louis *Med. and Surg. Journal*, May, 1879).

Miscellaneous Notes.

THE Linton District Medical Society will hold its next semi-annual meeting at Mexico, Audrain county, Mo., on November 4th, next.

Dr. J. MARION SIMS has returned from Europe and resumed practice in New York. His great work on gynecology is to be published during the coming winter.

THE Tri-States Medical Society will hold its next annual meeting at Evansville, Ind., on Tuesday, Nov. 4th, of the present year. A large and interesting meeting is expected.

IMPORTANT MEETINGS.—The American Public Health Association, the Sanitary Council of the Mississippi Valley and the Tennessee State Medical Society will hold their annual meetings at Nashville, Tenn., on Nov. 18th next.

A NEW Medical Directory of the United States is preparing by Dr. E. J. Bermingham, 13 Lafayette Place, New York City. Every physician is requested to send his name, post-office address, date of graduation and name of college that conferred the degree.

THE South-East Missouri Medical Association will hold its sixth semi-annual meeting at Jackson, Cape Girardeau county, on Tuesday, November 4th, proximo. All communications should be addressed to Dr. James W. Cannon, Corresponding Secretary, at Jackson. A large attendance is expected.

DR. L. DUNCAN BULKLEY, the editor of the *Archives of Dermatology*, and author of

far more than ordinary ability, will give a free course of twenty-four lectures on skin diseases at the New York Hospital, No. 7 W. 15th street, every Wednesday at from 2:30 to 3:30 o'clock.

Medical College of the University of Vermont.—This college graduated a class of forty-nine at its last commencement, having rejected fifteen per cent. The total number of students in attendance was 151. —N. Y. *Med. Record.*

From this it would appear that 57.64 students applied for examination and graduation, of these, 8.64 students were rejected! That sixty-four hundredths of a student is what mystifies our statistician. Evidently there was too much of him for a tailor, and not enough for a doctor!

Home News.

Messrs. Merrell, Thorp & Lloyd.—We call attention to the advertisement of this enterprising Cincinnati firm which appears for the first time in this number. It is one of the oldest established houses in the country and has a well-earned reputation for dealing in pure pharmaceutical preparations, drugs and chemicals. They are prepared to furnish physicians direct with anything required. We notice that they received the *only* gold medal awarded at the last Cincinnati Exposition for the best display of drugs and chemicals

We have recently received from them a handsome specimen of *Alstonia constricta* bark—the "Native Quinine" of Australia —also a sample of *Alstonia scholaris*, or common "Dita" bark. There is no resemblance between the two barks and there is no excuse for mistaking one for the other, as we understood has been done.

A new cause of tetanus has been discovered by a St. Louis coroner's jury. A negro was injured severely by being struck by a brick-bat in the back of the neck. Several weeks afterwards he died with tetanus. The man who inflicted the injury was held to answer. An intelligent jury carefully investigated the case and found that the party died of tetanus *caused by syphilis.* Future compilers of works on surgery and diseases of the nervous system will do well to make a note of this.

Dr. Benjamin Linton, of this city, died September 27, aged thirty-one years. He was a son of the late Prof. M. L. Linton, who was for many years identified with the St. Louis Medical College. Dr. Benj. Linton's character was worthy of the name he bore, and was not surpassed in honor and purity. The affection from which he died was valvular disease of the heart.

The older medical schools of this city are crowded with students. "Hard times" are evidently giving way. The prospect of more stringent requirements in the near future is evidently having its effect also in driving the more timid to school while diplomas can still be easily obtained.

The recently revised statutes of Missouri make the robbing or desecrating of a cemetery a felony instead of a misdemeanor, as heretofore. This crime is made punishable by imprisonment in the penitentiary for five years. Medical students will please take notice of this change in the law.

Dr. R. M. King has been appointed Professor of Physiology, and Dr. Wm. B. Hazard, Professor of Principles and Practice of Medicine and of Clinical Medicine, in the St. Louis College of Physicians and Surgeons.

Premium.—Every new subscriber to this journal for 1880 will receive the November and December numbers *gratis.* To any one sending the names of four new subscribers with $8 00, we will send a copy of Prof. Louis Bauer's Treatise on Orthopedic Surgery, published by Messrs. Wm. Wood & Co., of New York, at $3 25. One renewal with three new subscriptions, will secure the same premium.

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8—PIL. PHOSPHORI CUM QUINIÂ	Phosphori 1-50 grain. Quiniæ Sul. 1 grain.	2 75
9—PIL. PHOSPHORI CUM QUINIÂ CO.	Phosphori 1-50 grain. Ferri Red. 1 grain. Quiniæ Sul. ½ grain. Strychniæ 1-60 grain.	2 00
10—PIL. PHOSPHORI CUM QUINIÂ ET NUC. VOM.	Phosphori 1-50 grain. Quiniæ Sul 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
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17—PIL. PHOSPHORI CUM ZINCO CO.	Phosphori 1-50 grain. Zinci Sul. 1 grain. Lupulinæ 1 grain.	1 50
18—PIL. PHOSPHORI CUM OPIO ET DIGITALE	Phosphori 1-50 grain. Pv. Digitalis ½ grain. Pv. Ipecac. ¼ grain. Pv. Opii ¼ grain.	1 50
19—PIL. PHOSPHORI CUM STRYCHNIA	Phosphori 1-50 grain. Strychniæ 1-60 grain.	1 50
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23—PIL PHOSPHORI CUM QUINIÂ ET FERRO ET STRYCHNIA	Phosphori 1-100 grain. Quiniæ Sul. 1 grain. Ferri Redacti 1 grain. Strychnia 1-60 grain.	2 75
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For *efficacy*, *perfection*, and *freedom* from harm, this make of Pills of Phosphorus is unrivalled. The process originated and perfected by W. R. Warner & Co., for the administration of Phosphorus in pill form, diffuses the Phosphorus, in its elementary state, thoroughly through the mass in a state of solution, a result by no other process attainable. The value of Phosphorus as a remedial agent is impaired if the element is not exhibited in its free state, and protected from oxidation by a perfect and *non-porous coating of pure white sugar*. Warner & Co.'s should be used and invariably specified when ordering.—W. & Co.

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ONE " " "	$1.00

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[Extract from Dr. Howard Cane's Article in the London Lancet.]

From the great frequency of occurence of acne, and from its manifesting itself on the faces of individuals of both sexes, any therapeutic agent which promises success in this often intractable skin disease will be welcomed by most practitioners. I do not bring the sulphide of calcium forward as a new remedy in the treatment of this disease, for it was recommended some years ago by Dr. Sydney Ringer, but I wish to bring it more prominently into notice as a drug which will often prove of signal service in acne when other means have failed. The success which I attained in my first case which was of a most obstinate nature, led me to try it in others.

Case 1.—G. R——, a young lady, aged 19, has been troubled for the last five years with acne of the most severe kind. When she first came to me, her face, especially the forehead was thickly covered with acne spots in all stages of development, the inflamed and suppurating papules being very numerous. She stated that she had been to three physicians in London, two of whom are eminent skin physicians. Inquiries into the state of her general health found it was excellent in every respect. Prescribed the sulphide of calcium of which I gave at first one-tenth of a grain four times daily. At the same time I directed her to hold her face over a vessel of hot water night and morning for some ten minutes or more, and then to rub the parts where the little black-topped comedones were very thick with a towel, after which she was to use as a face powder some precipitated sulphur, which I directed to be colored with Armenian bole. At the same time I gave minute and careful directions as to diet, etc., forbidding pastry of all kinds, all salt meats, and enjoined the frequent use of green vegetables, together with regular out-door exercise. At the end of a fortnight I saw her again, and found that there was a slight improvement, there were not many more inflamed papules, and the black-topped comedones were considerably fewer in number. I determined to persevere. I now ordered 1 10 grain to be taken six times daily, and to see me again in a fort night. At the end of that time I again saw her, and, though there was no very great improvement that I could see, still the patient declared she was better. I now increased the dose of the sulphide to one grain daily, and see me again in a fortnight. I now increased the dose to one-fourth of a grain six times daily, with a very excellent result; in another fortnight to half a grain six times daily; and at the end of another fortnight not only but few spots appeared, but they were much less inflamed than usual, and the others were rapidly disappearing, and the complexion was much clearer. To take one grain six times daily for another fourteen days. I then saw her again. From this time the progress was uninterruptedly good. No fresh spots appeared

Case 2.—J. C——, a young lady 20 years of age, came to me for an eruption on the face which she had for a year, and which had gradually become worse. I prescribed the same diet and face powder, and gave the same directions as in case 1, but gave to begin with, one-fourth of a grain of the sulphide four times daily, gradually increasing the dose to a grain six times daily. At the end of six weeks she was nearly well, and in another month I saw her again, when she was quite cured. She had taken the sulphide in all two months, gradually diminishing the dose during the fort night. I may here say that this patient also had been taking various drugs for some months previously, but without any appreciable result.

I have before me notes of fourteen other cases treated exactly in the same way, but which I need not detail, as they were merely repetitions of the two given above. The result in eleven out of these fourteen were perfect, whilst in the remaining three, though great benefit was derived, the cure was not complete. I now always begin with a quarter of a grain four times daily, gradually increasing the dose to one grain six times daily, or according to the progress and severity of the case.

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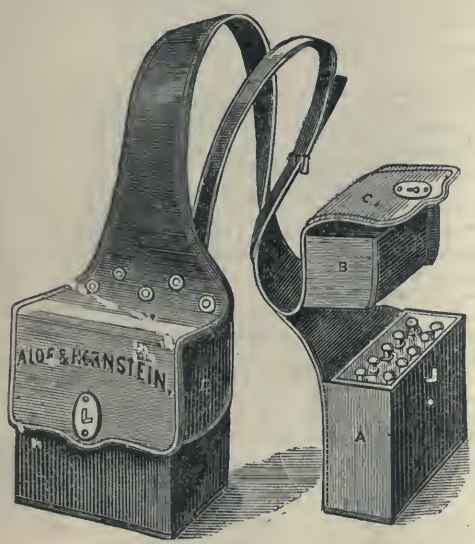

This Bag is the most complete and durable Bag in the Market, and will give the best satisfaction to the Profession of any Bag ever offered. The Bag is entirely riveted with copper rivets, thereby doing away with the old style of sewing, which has been the great objection heretofore. The boxes containing the bottles are made of the best Tin Metal. A is the metal box containing the bottles; B is the box used to carry instruments, powders, etc.; C is the flap, which holds the upper and lower boxes, A and B, firmly together, being fastened by a turn lock, which holds the contents in their place; D represents the Bag when closed. It is the only Bag made that has a complete water shed to prevent the contents from getting wet.

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We have realized decided benefit in a large number of cases treated in the City Hospital and at the Dispensary connected with it, from your preparations of Maltine. Many persons will welcome them as most efficacious and palatable substitutes for Cod Liver Oil, and as covering a wider range of application.

S. WESLEY CHAMBERS, M.D., *Res. Phys. City Hospital.*

BALTIMORE, MD., Jan. 20th, 1879.

We take pleasure in saying in behalf of your preparations of Maltine, that they have fully come up to the measure of your representations. They have given us the greatest satisfaction. We have used them extensively to the great benefit of our patients.

DAVID STREET, M. D.,
Res. Phys. Maternite Hospital.

LOUISVILLE, KY., July 11th, 1879.

I am using Maltine with Pepsin and Pancreatine in my family, and am exceedingly pleased with its results. Professor Flint, of your city, whom I highly esteem, has been consulted about the case and knows the solicitude I have had about it. The above preparation in Sherry, after meals, has been productive of great benefit. I am using it in the City Marine Hospital, the Kentucky Infirmary for Women and Children, and in my private practice, and am much pleased with the results obtained.

T. P. SATTERWHITE, M. D.

JACKSON, MICH., October, 1878.

In its superiority to the Extract of Malt prepared from Barley alone, I consider Maltine to be all that is claimed for it, and prize it as a very valuable addition to the list of tonic and nutritive agents.

C. H. LEWIS, M. D.

ST. CHARLES, MINN., March 23d, 1879.

In conditions of Anæmia, in convalescence from severe and protracted disease, especially in chronic cases where there is great general debility, and in the enfeebled condition of aged persons, I have learned to rely on Maltine, nor in any instance have I been disappointed of good results, therein forming *a marked contrast, so far as my experience goes, to preparations of Malt, which I had used previously and had abandoned the use of them when my attention was called to Maltine.*

C. R. J. KELLAM, M. D.

36 WEYMOUTH ST., PORTLAND PLACE, LONDON,
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I am ordering your Maltine very largely.

LEONOX BROWN, F. R. C. S.,
Sen. Surg., Centl. Throat and Ear Hosp., etc.

75 LEVER ST., PICCADILLY, MANCHESTER.
January 16th, 1879.

I have used your Maltine pretty extensively since its introduction, and have found it exceedingly useful; particularly in cases where Cod Liver Oil has not agreed, have I found the Maltine with Beef and Iron most valuable.

J. SHEPHERD FLETCHER, M. D., M. R. C. S.

EDDE CROSS HOUSE, ROSS, March 8th, 1879.

I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M. B., M. R. C. S.

CHEMICAL REPORTS ON MALTINE.

By R. Ogden Doremus, M. D., LL. D.

PROFESSOR OF CHEMISTRY AND TOXICOLOGY, BELLEVUE HOSPITAL MEDICAL COLLEGE; PROFESSOR OF CHEMISTRY AND PHYSICS, COLLEGE OF THE CITY OF NEW YORK.

New York, April 17th, 1879.

I have visited the works at Cresskill, on the Hudson, where Maltine is prepared, and spent portions of two days in witnessing the chemical processes for making the same. I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the apparatus employed for accomplishing the desired result—from the first treatment of the grains, to the concentration of the liquid product by evaporation *in vacuo*. The operation is effective in extracting the whole of the nutritive constitnents of the grains of malted Barley, Wheat and Oats, with but a slight residue, and is the most complete method yet devised, with which I am acquainted. for accomplishing this object.

Maltine is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain. From a chemical and medical standpoint, I cannot commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully, R. OGDEN DOREMUS.

By Prof. John Attfield, F. C. S.

PROFESSOR OF PRACTICAL CHEMISTRY TO THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN; AUTHOR OF A MANUAL OF GENERAL MEDICAL AND PHARMACEUTICAL CHEMISTRY.

London, 17 Bloomsbury Square, W. C., October 28th, 1878.

To Messrs. Reed & Carnrick:

Gentlemen:—I have analysed the extract of malted Wheat, malted Oats and malted Barley, which you term Maltine. I have also prepared, myself, some extract from these three malted cereals, and have similarly analysed it, and may state at once that it corresponds in every respect with the Maltine made by myself. As regards the various Malt Extracts in the market, I may remark that your Maltine belongs to the non-alcoholic class, and is far richer, not only in the directly nutritious materials, but in the farina digesting Diastase. In comparison, your Maltine is about ten times as valuable, as a flesh former; from five to ten times as valuable, as a heat producer; and at least five times as valuable, as a starch digesting agent. It contains. unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats or malted Barley.

Yours Faithfully, JOHN ATTFIELD.

List of Maltine Preparations.

MALTINE Plain.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Cod Liver Oil and Phosphates.
MALTINE with Hops.
MALTINE with Hypophosphites.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
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CINCHONIA,

(ALKALOID),

Its curative qualities are analagous to those of Quinia, and as it forms a tasteless antiperiodic, it is particularly adapted to children. Both it and the tasteless preparation (Cinchonia Mixture) have been used with success by many physicians in the malarial regions of our country, and are becoming daily more widely known and appreciated.

Manufactured by

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PHILADELPHIA.

Extracts from an article by DR. SAMUEL ASHHURST, of Philadelphia, published in the *American Journal of the Medical Sciences*, April, 1878.

"Cinchonia has been recognized by the profession, for a long time, as an efficient antiperiodic and tonic, but when prescribed it has very generally been in the form of a sulphate, its conversion into a salt having been thought imperative on account of the great insolubility of the neutral alkaloid."

"It is, however, this very insolubility of the base cinchonia in the mouth, which has induced me to make use of it in the case of children, and of those persons who, while they think they cannot take a pill, at the same time dread the intense bitterness of a solution."

Speaking of the difficulty in the administration of the pure alkaloid from particles adhering to the teeth, subsequently developing the bitter taste, he adds:

"The difficulty can in a great measure be overcome, by mixing the cinchonia with various substances, which, while they increase the bulk of the powder, fully compensate for this disadvantage by facilitating its complete passage through the mouth. Every physician will, of course, consult his own taste and pharmaceutical skill in the choice of a diluent. I have found sugar of milk to answer the purpose very well. As a further guard against the solution of the cinchonia a small portion of bicarbonate of soda may be added with the object of neutralizing any free acid that may be present in the saliva. A powder containing one grain of cinchonia, four grains of sugar of milk, and one-tenth grain of bicarbonate of soda, possesses only the slightly sweet taste of the sugar of milk, and is quite readily miscible with water or milk, or, if preferred, can be easily swallowed dry. With the object of promoting the solution of cinchonia in the stomach, I at one time thought it well to administer an acid drink some little period after the injestion of the remedy, but I am now convinced that this precaution is very rarely necessary, and that the gastric juice is quite able ordinarily to perform the task unaided."

He sums up as follows:

"To conclude: whenever, from any cause, it is desirable to administer an antiperiodic, or vegetable tonic, in powder, I have no hesitation in saying that the neutral alkaloid cinchonia, will be found *efficient* to a degree but little, if at all, less than quinia, that it can be so administered so as to be *tasteless*, and that it is very *cheap*—less than one-sixth the cost of the salts of quinia."

TROMMER'S EXTRACT OF MALT.

The rapidly increasing demand for our IMPROVED EPTRACT OF MALT during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or moulding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expense of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops,** viz: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER OF HOPS, PHOSPHATES OF LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

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The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

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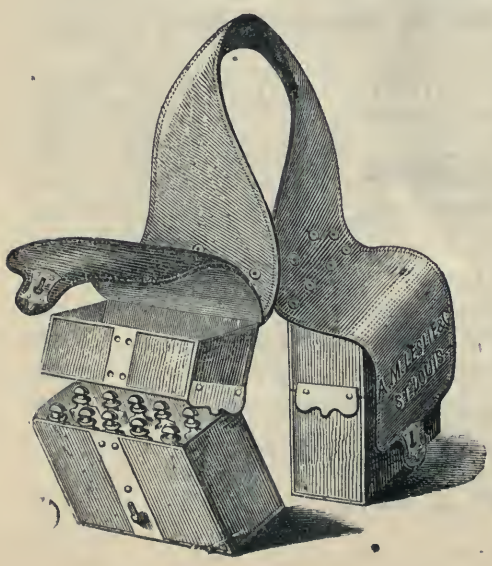

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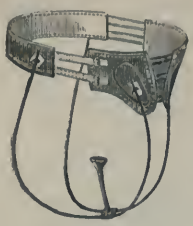

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Among the many reasons which recommend this Supporter to the Physician is its self-adjusting qualities. The Physician, after applying it, need have no fear that he will be called in haste to remove or readjust it, as is often the case with rings and various pessaries held in position by pressure against the vaginal wall, as the patient can remove it at will and replace it without assistance

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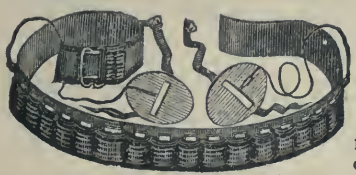

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Folia Carobæ.—From Brazil. A powerful alterative, which exerts a marked curative action in syphilis, scrofula and kindred disorders.

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Calcium Sulphide, 1-10 gr. (for the cure of boils and carbuncles).

Our limited space prevents our describing in detail the history and application of each remedy, but to those interested in New Remedies, we will say, that we can furnish interesting information relative to the above new drugs.

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PHYSICIANS have long felt the want of a reliable preparation of ergot, which should be free from the serious drawbacks so largely met with in the preparations under the guise of extracts, ergotines and fluid extracts.

Many of these preparations contain deleterious ingredients, which exert a disturbing and dangerous influence in the frequently grave emergencies where ergot is resorted to. Others, again, have features objectionable in either requiring some previous preparation to fit them for administration, or are not possessed of needed keeping qualities, tending to deterioration in time, or to become unsightly on standing. Inferior material and defective methods are largely responsible for this misrepresentation of a really excellent drug.

Our desire has been to supply the want referred to, and to that end we have undertaken a series of experiments, to decide upon a method of extraction, which should be selective in its character, so that all the desirable properties of the drug should be represented in our preparation, to the exclusion of those which produce dangerous and unwished-for results.

Chemical analysis and physiological experimentation have been laid under contribution to bring about this result, so that we could offer a tried remedy, with the consciousness of having exerted our best efforts towards lightening the labors of the physician, and placing in his hands a worthy weapon in combating disease.

The preparation which we submit under the above title is characterized by uniformity of ingredients, constancy of strength, and freedom from those properties which are exerted solely in disturbing the healthy functions, without a corresponding beneficial result.

It will be found a faithful representative of all the desirable properties of ergot, which tend to accelerate labor and assist nature's protracted efforts, while it is superior in its application to other uses of this drug.

Our method of preparation in its general features consists, first, in determining the value and constituents of the very best obtainable fresh ergot, selected from a large number of samples.

Having once ascertained the maximum value, and adopted this as a standard, each succeeding parcel of our "Liquor Ergotæ Purificatus" is made to conform to this strength, so that the active principles of sixteen Troy ounces of such standard ergot would be represented by sixteen fluid ounces of our finished preparation.

We desire to lay particular stress on the value of this liquid for administration hypodermically. As this method of medication can be depended on to produce much speedier results than by the mouth, it is a desideratum which has been borne in view to furnish in this an ever ready, concentrated and non-irritant preparation.

We would urge physicians to give it a trial, take advantage of the improvements which scientific methods have placed at their disposal, and avoid the disappointment inevitably resulting from the employment of unskillfully prepared extracts of indeterminate strength.

When prescribing Ergot, specify PARKE, DAVIS & CO.'S "LIQUOR ERGOTÆ PURIFICATUS."

Jamaica Dogwood,

PISCIDIA ERYTHRINA. This drug is now for the first time placed before the medical profession of the United States for trial as to its general merits as a narcotic and antispasmodic, but more especially as a substitute for opium as an anodyne. According to Prof. Fernando Altamarano, M. D., of Mexico, experiments upon animals have demonstrated the power of this drug, in large doses, to produce prompt paralysis of the motor nerves, while it does not affect the great centres of innervation (cerebellum and medulla), the great sympathetic nerve or the smooth or non-striated muscular fibre. Neither does it affect the seat of intelligence, the heart rythm, the temperature or peristaltic action.

In the opinion of Prof. Altamarano piscidia is indicated in the following affections: writers' cramp, chorea, tetanus, poisoning by strychnia, puerperal eclampsia, convulsions in children, epilepsy, hydrophobia, and angina pectoris.

Dr. William Hamilton, of Plymouth, England, in a communication to the *Pharmaceutical Journal*, speaks of this plant as a powerful narcotic capable of producing sleep and relieving pain in an extraordinary manner. He was induced to try it as an anodyne in toothache, and found a saturated tincture exceedingly efficacious, not only affording relief when taken internally but uniformly curing the pain when introduced upon a dossil of cotton into the carious tooth. He first tried it on himself, when laboring under severe toothache, taking a fluid drachm of the tincture in cold water on going to bed. He first felt a violent sensation of heat internally, which gradually extended to the surface, and was followed by profuse perspiration, with profound sleep for twelve hours. On awaking, he was quite free from pain, and without the unpleasant sensations which follow a dose of opium.

Dr. Hansen, of Jamaica, writes concerning this drug, as follows: In Brazil the bark of piscidia erythrina, as well as that of erythrina corallodendron, is extensively used under the name of mulungu or murungu.

At present no one denies that the mulungu has an established reputation as a nervous sedative; it is applied by all the faculties, which proves that its therapeutical reputation is merited and confirmed. With us it is not only applied externally in lotions, but internally as well. Its action seems to be over the nerve centers; it causes sleep without producing the cerebral hyperæmia, which succeeds opium and the active principles extracted therefrom. The sleep is tranquil and refreshing; it soothes bronchial cough and moderates the paroxysm in asthma and nervous coughs. It has also been pronounced an excellent remedy against chronic hepatitis and obstructions of the liver.

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